

Golden Care Group Limited

Golden Care Group

Inspection report

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22 March 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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

Golden Care Group is a domiciliary service which provides personal care to people living in their own houses and flats and also operates a supported living 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. At the time of this inspection there were two people in receipt of the regulated activity personal care.

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

Staff were not recruited safely and in line with providers' policy and procedure. References were not always obtained from previous employers to ensure staff were suitable for the role and of good character. One member of staff had also started working for the service before their disclosure barring service (DBS) check being in place.

Staff did not receive regular supervision as part of their ongoing development. Internal audits were carried out to monitor the quality of service and had identified supervisions were not being conducted. However, appropriate action had not yet been taken to address this concern. Staff recruitment was also not covered as part of the audit process to ensure correct procedures were in place.

There were enough staff available to deliver people's care safely. Staff carried out routine COVID-19 testing and there was enough personal protective equipment (PPE) available which people confirmed was always worn. People who used the service and relatives said they felt the service was safe.

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. People received enough to eat and drink and said staff assisted them with this when needed. Staff told us enough training was available to support them in their roles.

We received positive feedback from people who used the service and relatives about the care provided. People said they felt treated with dignity, respect and had their independence promoted as required.

Individual care plans detailed the care and support required. There was a complaints system in place and people were supported to undertake activities within the community as needed.

People who used the service and staff provided feedback about their care through surveys and meetings. Staff spoken with during the inspection told us they felt the service was well-led.

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 24 January 2020 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been inspected since registering.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance and fit and proper persons employed. Please see the action we have told the provider to take at the end of this report.

Follow up

We will 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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

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 ●

Golden Care Group

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by an inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

At the time of the inspection, the service did not have a registered manager. The previous registered manager had de-registered shortly before our inspection. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider would be in the office to support the inspection.

Inspection activity was carried out between 18 March and 1 April 2022. We visited the registered location on 22 March 2022 as part of our site visit to the service. Further inspection activity was completed via telephone and by email, including speaking with people who used the service, relatives and reviewing additional evidence and information sent to us by the provider.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from professionals who worked 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.

During the inspection

We spoke one person who used the service, two relatives and two members of staff to obtain their feedback. We also met and spoke with the registered provider who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records, a selection of medicine administration records and four staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found following our site visit.



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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff were not always recruited safely. We looked at four staff files during the inspection and identified concerns with each one. Two references were not obtained from previous employers to ensure staff were suitable for the role and of good character. The provider's recruitment policy and procedures stated that these needed to be obtained before staff could start working for the service. One member of staff had also started working for the service prior to their disclosure barring service (DBS) check being in place.

We found no evidence that people had been harmed however, systems were not always followed relating to safe recruitment. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper person's employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to care for people safely. People who used the service and relatives said there were enough staff to deliver people's care and confirmed they never experienced late or missed visits. One relative said, "There always seems to be someone there and I am not aware there is a shortage of staff."
- Each member of staff had a rota in place and the feedback we received was these were well managed, with sufficient travel time factored in. A member of staff told us, "Where I work, staffing is fine and more than enough staff."

Using medicines safely

- The feedback we received was that people received their medicines safely. One relative said, "Medication seems to be managed okay and is locked away when the staff are not there."
- Staff completed medication administration records (MAR) when medicines were given and we saw these were completed accurately with no missing signatures.
- Staff said they had completed medication training and said this enabled them to give medicines safely. Staff were observed giving medicines to people, with competency assessments carried out to ensure correct procedures were followed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People had a range of risk assessments in place. Where any risks were identified, control measures were implemented to keep people safe.
- Where people needed assistance with moving and handling tasks, assessments were carried out to ensure this could be done safely.
- Staff had enough PPE available to use when providing care to people. People and relatives told us PPE was always worn by staff when delivering care.

- Staff completed regular COVID-19 testing and the results were monitored by management.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives told us they felt safe with the care they received. One relative said, "I feel the service is safe for (person) to use."
- A safeguarding policy and procedure was in place and the training matrix showed staff had received training. Staff displayed a good understanding of safeguarding, whistleblowing and how to report concerns.
- A log of any accidents and incidents was maintained, along with details about any actions taken to prevent re-occurrence.

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 as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- Staff told us they had received the appropriate training and induction to meet the needs of the people they supported. Training completed by staff was recorded on the training matrix, however we asked the provider to update this to show the dates training was completed and when updates were due. One staff member told us, "I've done moving and handling, safeguarding, infection control and medication training. There is enough training available."
- Staff completed an induction when they first started working for the service, which included completion of the care certificate. Staff said the induction prepared them well for the role. One member of staff said, "This was my first job working in care and the induction prepared me well for the role. It was vital."

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.

- MCA assessments were completed where necessary and family members were involved with any decision making where people lacked capacity.
- Staff had completed MCA training and displayed good knowledge of the legislation.
- People told us staff sought their consent before delivering care and there were consent forms within people's care plans regarding things people were in agreement with.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support;

- People told us they received enough to eat and drink. One relative said, "The staff assist (person) with her meals and she seems to eat well."
- People had specific nutrition and hydration care plans which provided staff with information about the support people needed to eat and drink.

- People were encouraged to eat healthier options where possible and had meal planners in place throughout the week.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law ;Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed when their care package first commenced and the assessment involved key individuals who knew the person well, when appropriate.
- Staff monitored people's health and wellbeing and supported them to access healthcare services including doctors and dentists in the local community.

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 as 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;

- People and relatives provided positive feedback about the care provided. One relative said, "Overall things have been good and (person) receives all the care and support she needs."
- The people we spoke with described the staff team as kind and caring. One relative said, "(Person) seems to like all of the staff who look after them. They treat (person) well from what I can tell."

Respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People said they felt treated with dignity, respect and had their independence promoted where possible. Care plans clearly described the tasks people could do for themselves to increase their independence and things they may need support with.
- Golden Care Group cared employed a diverse group of staff who said they felt well treated and respected by the management team. Any information about people's cultural requirements was detailed in care plans including favourite foods and important aspects of their daily routine.

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

- People told us they were involved in the care they received and in decisions about how their care was delivered. Relatives said they were consulted about any important decisions regarding people's care.
- Reviews of people's care took place, and this enabled people and their families an opportunity to discuss how their care was progressing and make any changes.

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 as 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; 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

- People and their relatives told us they received personalised care and the service was responsive to their needs. Staff displayed a good understanding of how to deliver person centred care. One member of staff said, "I always aim to speak with people about their routines and ask if there is anything, they might like to do themselves. It can be little things like allowing them to choose their clothing."
- Following each care visit, staff completed daily records which showed the care and assistance people had received such as support with medication, assistance with meals, or any personal care. This helped evidence people's care needs were being met.
- Each person had their own care plan in place, with a copy held both at the office and in their own home. We found they provided staff with an overview of the care people needed to receive. Care plans included person-centred information about people such as hobbies and interests.
- People were supported to participate in activities by staff within the community if this formed part of their care package. Details about how people liked to spend their time was recorded in their care plan.

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.

- Interpreter services could be accessed as needed for people who may speak a different language, although these had not yet been required. Documentation could also be provided in large print for anybody that needed it.
- People's care plans took into account their communication needs such as speech, however, we asked the provider to ensure details about sight, hearing and use of any sensory aids were also captured. We were told this would be updated.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which explained the process people could follow if they were unhappy with the service, although people said they had never needed to make a complaint.

End of life care and support

- At the time of the inspection no-one was at the end stages of life and this had not yet been something people wanted to discuss. If this was the case, the manager told us staff would continue providing personal care, working alongside other healthcare professionals such as district nurses.
- Staff had received end of life care training to support them in this area as needed.

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 requires improvement. 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.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems to monitor the quality of service provided to ensure good governance, however these were not always effective. The provider's last internal audit had been out in December 2021, although did not cover staff recruitment to ensure correct procedures were in place. However we had identified concerns regarding the policy and procedure not being followed due to appropriate references and DBS checks not being in place prior to staff commencing employment.
- Although an auditing system had been implemented, this was ineffective as it had failed to ensure recruitment processes were robust and had failed to identify the key concerns we noted during this inspection.
- Audit findings were not always acted upon in a timely manner. The December 2021 audit identified further improvements were required in relation to staff supervision frequency. No appropriate action had not been taken to address this. We highlighted this to the provider who said they would commence these immediately.

The provider failed to ensure sufficient oversight to monitor the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to involve people, relatives and staff in how the service was run. This included the use of satisfaction surveys to obtain feedback. Reviews had also been carried out with people, their appointed social worker and families where possible.
- Further quality monitoring systems were in place including spot checks and observations of staff and staff meetings.

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

- The provider understood their role and said they intended to also become the registered manager. The provider also said they were looking at the possibility of employing a care coordinator.
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. We discussed with the provider this responsibility once the overall rating for the service has been awarded.
- The provider understood their responsibility to submit statutory notifications, however there had been

limited incidents where these had been needed since the service started delivering a regulated activity.

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

- The staff team spoke of a positive culture at the service and said they enjoyed their roles. One member of staff said, "So far so good and I cannot fault it." Another member of staff said, "I enjoy my job and it has been a very fulfilling time, it's fantastic."
- Staff told us they felt the service was well-led. One member of staff said, "Oh it is and there are no issues with leadership at all. I feel really well supported." Another member of staff added, "In my view yes and better than where I have worked previously. The manager always responds if I need them."

Working in partnership with others;

- The service was commissioned by Cheshire East local authority and worked in partnership with the relevant social workers, nurses and health professionals to ensure people received the care they required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Appropriate systems were not in place to ensure good governance.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Appropriate systems were not in place to ensure fit and proper person's were employed.