

Golden Years Care Ltd

Golden Years Limited

Inspection report

Unit C New Park Industrial Estate
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Tel: 01782599866

Date of inspection visit:

09 December 2015

15 December 2015

16 December 2015

21 December 2015

Date of publication:

11 February 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

We inspected Golden Years on December 9 2015 and it was an announced inspection. The provider was given 48 hours' notice to ensure that somebody would be available. In addition we spoke with people who used the service and their relatives on December 15, 16 and 21 2015. Golden Years Limited is a small domiciliary care service providing both personal and domestic support to people who live in their own homes. At the time of our inspection there were 33 people using the service. They were last inspected on 17 July 2014 and were found to require improvement in Safe, Effective, Responsive and Well Led.

At our last inspection we saw that the provider did not have consistently effective recruitment procedures in place. At this inspection some improvements were needed to ensure that the provider gathered all available information to confirm that new employees were of good character and suitable to work with people.

At our last inspection we saw that risk was not always managed consistently because they were not regularly reviewed. At this inspection we saw that risks were assessed, managed and reviewed to assist people to maintain their independence in their own homes.

At our last inspection we saw that staff training was not consistently effective. At this inspection people and their relatives told us that they received support from knowledgeable, skilled staff. Staff felt equipped to provide a good service through regular supervision and training opportunities. They told us there was an open inclusive culture and they could ask the manager for support at any time.

At our last inspection we saw that the provider did not provide a consistently effective service because they did not review the care that was planned with people. At this inspection people told us that they had their care reviewed regularly and that they received care that was centred on their needs.

At our last inspection we saw that quality audits were not consistently effective. At this inspection we saw that quality checks were in place which audited the effectiveness of the service and drove continuous improvement.

We looked at the principles of the Mental Capacity Act 2005 and found when people were unable to consent to their care, mental capacity assessments and best interest decisions were not completed.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they were supported to keep safe. Staff were knowledgeable about protecting people from abuse and knew how to report any concerns. There were sufficient staff employed to meet peoples' needs. People told us that the care they received was good and that the staff were caring. People received continuity of care from staff who knew them well and were able to build relationships and trust. Their privacy and dignity was respected.

People were supported to manage their medicines by trained, competent staff. There were systems in place to monitor their intake of food and drink and staff knew how to refer people to healthcare professionals for further support. .

Peoples' views and feedback were welcomed and used to improve the service. People told us that they knew the manager and felt confident that any concerns they raised would be resolved promptly.

You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe

At our last inspection we saw that recruitment procedures were inconsistently safe and at this inspection improvements were required to ensure that all information had been gathered so that new staff were safe to work with people.

At our last inspection we saw that risk to individuals were assessed but not reviewed. At this inspection we saw that risks were assessed and regularly reviewed and staff told us that they would speak to their manager if they thought that a review was needed at an earlier point.

People and their relatives told us that they felt safe. They were supported by staff who understood how to recognise and report suspected abuse. There were sufficient staff to meet people's needs safely. Medicines were administered and managed to protect people and reduce the risks associated with them.

Requires Improvement



Is the service effective?

The service was not consistently effective.

At our last inspection we saw that training was not always effective. At this inspection we saw that staff received training and supervision that helped them to support people. We saw that the principles of the Mental Capacity Act 2005 were not followed because when needed, mental capacity assessments were not completed and best interest decisions were not made. People were supported to have enough food and drinks and people had access to healthcare professionals when needed.

Requires Improvement



Is the service caring?

The service was caring

People and their relatives were happy with the staff and had developed caring relationships. They were actively involved in making decisions about their care and support. Privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive

At our last inspection we saw that people did not always have

Good



their care reviewed. At this inspection people told us they had regular reviews of their plans and they were altered when their needs changed. People told us that they received care which was centred on their needs. Their feedback was encouraged and any concerns were resolved promptly.

Is the service well-led?

Good ●

The service was well led
At our last inspection we saw that quality audits were inconsistently effective. At this inspection we saw that the audits were in place and supporting the provider to improve the quality of care that people received. There was an open inclusive culture. The opinions of people who used the service and their relatives were sought and used to improve the service. There was a registered manager who understood their responsibilities and ensured that the staff team were aware of theirs.

Golden Years Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

One inspector completed this inspection on 9 December 2015 and made telephone calls to people who used the service and their relatives on 15, 16 and 21 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care and we wanted to be sure that someone would be available. On this occasion the provider was not asked to complete a provider information return (PIR). This is a form that asks the provider 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 at the inspection to provide us with any relevant information. We looked at information received from the public and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We spoke with one commissioner about their experience of working with the provider. Commissioners find care and support services which are paid for by the local authority.

We spoke with five people or their relatives who used the service about their experience of the support they received. We also reviewed five care plans to consider whether the information in the records assisted staff to meet peoples' needs safely.

We spoke with six members of staff; they were the registered manager, a senior carer and four carers. We reviewed four staff files to see how staff were supported to fulfil their role and to check that recruitment procedures were followed to make sure that staff were safe to work with people.

We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

At our previous inspection in July 2014 we found that the provider was not consistently safe and required improvement. We saw that some of the recruitment procedures were not fully effective and at this inspection we found that further improvements were needed.

We looked at records for two new members of staff and found that they had not had a full disclosure and barring service (DBS) check. DBS checks help employers to make safer recruitment decisions and prevent unsuitable staff from working with people. Two recently employed members of staff that we spoke with confirmed that they were working unsupervised before their full checks had been returned. One member of staff said, "I don't know whether the people we support were told about the DBS checks". The manager said, "We have nothing written down about the checks and although we speak to people regularly I don't specifically talk about DBS clearance". In addition, the staff records for new staff that we reviewed only had one of the four references that had been requested returned before the staff worked unsupervised. This demonstrated that the processes in place to gather all available information to confirm that the new employees were of good character were not fully effective, and this may put people at risk.

At our previous inspection we saw that some risk assessments were out of date and had not been reviewed. At this inspection we saw records that confirmed that risk was assessed and reviewed on an individual basis and gave clear guidance to staff. Staff we spoke with knew about individual's risks and what actions to take to ensure that they were safe. One member of staff explained, "I noticed that the person's eye sight had deteriorated and so the guidance in the risk assessment wasn't up to date. I spoke to the managers and it was reviewed. Additional lighting was put in place and this means that the person can still walk unaided as long as staff are beside them." A senior member of staff described how staff were observed using specialist equipment to move people by trained assessors until they were competent. One member of staff confirmed, "One of the assessors comes out with you to show you how to do it with each individual".

Environmental safety measures had also been put in place to keep people safe. These included key locks and additional outside lighting so that staff could safely access the person's house.

People were kept safe by having sufficient staff to meet their needs. The manager told us, "We do not take the business if we are in any doubt that we can't provide the staff". A senior member of staff we spoke with said, "I assess the number of staff needed to support someone on their first visit". Another member of staff we spoke with said, "We always work in a double if it's needed and can ring the office for help at any time". Relatives and people who received support confirmed that they had the right amount of staff to meet their needs and that the staff were reliable and punctual. One person said, "They are always on time." And a relative said, "They will always ring if they are going to be late but it is very rare".

People were supported by staff who understood how to protect them from abuse. One member of staff told us, "If I saw signs of abuse, such as bruises or agitation, then I would report it to the manager". A family member confirmed, "The staff keep my relative safe". The staff that we spoke with confirmed they had received training in safeguarding and they were able to explain situations when they needed to take action. For example, they noticed unexpected bruising, recorded their positions on a body map and informed the manager. We saw the manager worked closely with other organisations to address any concerns to ensure that people were safe. They had followed their safeguarding procedure and reported their actions to us. People were supported to take their medicines safely. One person said, "They use gloves when they are here. They put my medicine on a spoon and give me a fruit juice". One relative said, "I am confident that the

medicine is always taken". A member of staff we spoke with said, "I did a medication course and someone from the office came and checked. If tablets are missing I would call the office". Records that we reviewed confirmed that there were systems in place to monitor the administration of medicines and to manage the risks associated with them.

Is the service effective?

Our findings

We checked to see if the provider was working within the principles of the Mental Capacity Act 2005 (MCA). MCA provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

Staff confirmed that some people they supported may lack the capacity to make certain decisions about their care. Staff we spoke with did not demonstrate an understanding of the process to follow when people lacked capacity. For example, when we asked the staff about MCA they said that they were unsure of what it meant and four staff said that they hadn't done training in it. Care plans we looked at did not describe how decisions should be made for people who did not have the capacity to make them for themselves. Mental capacity assessments had not been completed. We spoke with the manager who stated that mental capacity assessments and best interest decisions had not been completed in these circumstances. This meant that people's rights under the MCA were not being upheld and addressed.

This is a breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

At our previous inspection we found that training for staff was not consistently effective. At this inspection people and their relatives told us that they felt well supported by trained, knowledgeable staff. One person said, "They don't have to be told because they know what they are doing". A relative we spoke with said, "They know my relative and they know exactly what to do". Another relative told us that new staff received an induction. They said, "Usually new staff come with another member of staff for a week or a fortnight to train them. Then the office call to check it's alright". New staff that we spoke with confirmed this, they said, "I have been well supported as a new member of staff and introduced to every new customer before supporting them". Another new member of staff told us that they had received good induction training. They said, "The care certificate is really good, it covered everything you can think of". The care certificate sets out the learning outcomes, competences and standards of care that are expected from staff to provide safe, compassionate care.

Other members of staff we spoke with said that they felt equipped to do their job through line management support and training. One member of staff said, "I have regular supervision and spot checks, when they observe our practise. This is usually followed up with a memo which says how to improve". Another member of staff told us that they had recently completed training. They said, "I did a first aid course so now I am the named first aider and people come to me for advice". Records we reviewed confirmed that staff competency was assessed regularly including spot checks to ensure that recommendations were followed up. We saw that training was individualised to match assessed need and it included specialist understanding, for example supporting people who are living with dementia.

Staff we spoke with described how they supported people to eat and drink enough. One member of staff said, "I noticed that a person wasn't eating well in the evening so now I try to encourage them to eat a main meal at lunchtime. If they don't want it we will make something else". We saw records that gave staff guidance on how to support people with their nutrition and monitor their intake. We also saw that staff identified when somebody was nutritionally at risk and took action to address this. They said, "One person wasn't eating so I informed the office. They contacted the district nurse and supplements were prescribed.

People were supported to maintain good health. One relative said, "The staff noticed some broken skin and informed me so that I could ring the GP". Staff confirmed they worked closely with healthcare professionals to provide consistent care and one member of staff said, "The district nurses support us". Staff we spoke with were also aware of their responsibility to make referrals. For example one family member said, "They didn't think their breathing was right and so they called paramedics straight away and then let me know".

Is the service caring?

Our findings

Without exception people and relatives told us they were happy with the staff. One person we spoke with said, "They are really good and worth their weight in gold. I love them for it". A relative told us, "We are very happy with the carers for my relative, they go above and beyond with the care they have". Another relative we spoke with said, ""The two carers are unbelievable, they know my relative well and know what to do". Staff we spoke with told us that people were important to them. They said, "One person loves to have a chat and so I sometimes stay longer between calls to have a cup of tea. The people we support are just lovely". The staff also said that the managers were caring and put people at the centre of the organisation. One member of staff told us, "We are not rushed and if someone needs something extra we can stay and the managers will cover us".

People told us that they were involved in planning their own care. One person said, "I tell them how to support me and they follow it to the letter". Records that we reviewed demonstrated that care was planned around individual's needs and at times that suited them; such as early morning to assist with getting up. Staff that we spoke with knew the people that they supported well and had a good understanding of their likes and dislikes. One member of staff said, "I always ask that person if they would like a bath or shower because they do sometimes enjoy a bath".

People and their relatives told us that staff respected their privacy at all times. One relative said, "They always keep them covered when supporting. They always treat my relative with respect and dignity."

Is the service responsive?

Our findings

At our previous inspection we found that the service was not consistently responsive because care plans had not been regularly reviewed. At this inspection people and their relatives told us how their care had been assessed, planned and reviewed. One relative said, "The manager came and assessed and then introduced the staff". A senior member of staff that we spoke with described, "I do the first call so that I know what's needed and I can find out about the person with the family. Then we write the care plan". Staff that we spoke with knew how people preferred to be supported. One member of staff said, "Care plans are in the house and cover likes and dislikes of the person, even how they like you to pull the curtains". Another member of staff described how they planned one person's care to meet their religious requirements, they said, "We did the shopping and washing so that the person was ready in time to be able to pray". Records that we looked at described the individual and how to support them.

People told us they had their care reviewed regularly. One person said, "We had a review a couple of weeks ago, just checking that everything is going well. There is a plan in place". A relative we spoke with said, "The same person comes round every six months to have a chat and check everything is alright." The reviews of care that we looked at were centred on the person and captured their wishes.

All of the people that we spoke with or their relatives told us that the care they received met their needs. People were particularly satisfied that care was taken to ensure that they had the same staff who knew them well. One person we spoke with said, "I get regulars which is great". Staff we spoke with confirmed that this helped them to provide support that met people's needs. One said, "They are good at making sure the same carers go in to build relationships".

We saw that people were encouraged to share their experiences. The manager said that they had regular telephone contact with people to check that they were happy with their care. One relative confirmed, "They telephone every fortnight to see if we are okay". Another relative said, "I was given a folder of information which includes how to complain". The manager had a procedure for dealing with complaints but they had not received any since our last inspection. We saw that the provider had received positive feedback from people, for example they had a folder which was full of thank you cards and compliments in the office. Another relative stated, "If there was a problem I would know who to speak to but there never has been anything of concern".

Is the service well-led?

Our findings

At our last inspection the quality auditing and monitoring systems were not consistently effective. At this inspection we saw that quality audits were completed monthly and staff knew that they were accountable for gathering the information and bringing it into the office. The manager said, "We check all of the records and look at time sheets. If there are any discrepancies I contact the staff to explain. I may need to organise a spot check or supervision. We can see instantly who is not meeting standards". This ensured that people were receiving the support that had been agreed to meet their needs. We saw that the audits detected errors and the manager took action to resolve them. For example, an audit had highlighted that a new medication record had not been written in full and it had been amended so that staff knew what the clinical name of the medicine was; thus reducing the risks for the people they supported. The manager also understood their responsibility to inform us of significant events under their registration so that we could check that the right action had been taken.

All of the staff that we spoke with praised the support and openness of the manager. One member of staff said, "It's a good organisation, supportive to staff and it gives a good service to clients". Another said, "The values are about people and the manager always knows something about each person that we support". The staff members we spoke with felt listened to; one told us, "When you bring concerns to the manager they will listen to you and understand that you know the person better so they value your opinion". Another said, "I feel that I can say if there's a problem and it would be followed up". We saw the provider had a whistle blowing policy in place, which is the procedure for raising concerns about poor practice. Staff we spoke with understood about whistle blowing and said they would be happy to do so. One member of staff said, "If I believed that anyone was doing something that they shouldn't I wouldn't hesitate to tell the managers".

People who received support and their relatives knew the manager and felt confident in contacting them with any concerns. One person told us, "The manager is very approachable". They also said that their feedback was requested periodically and the manager confirmed that this was used to improve the service. We saw that surveys had been completed and that the responses were almost all very positive. Where a concern had been raised actions had been put in place to address them. For example, one person had reported that their carers made them a meal but it wasn't on their care plan and they were worried that if the regular carers were not there then it won't be done. We saw the person's care plan was amended to reflect this.

The manager ensured that all staff knew what their responsibilities were. We saw that staff received regular support meetings with managers where they received feedback on their performance. A senior member of staff explained how staff were encouraged to meet to meet the standard required. They said, "Sometimes when supporting new staff I have had to tell my manager if there were difficulties. They were given extra support and I felt confident that it would be managed".

All of the staff that we spoke with had been supported to understand their responsibility to keep themselves safe as lone workers. One member of staff said, "We have torches and mobile phones and we ring the on call supervisor when we have finished in the evening".

People we spoke with and their families reported that the service they received was good quality. One relative said, "This is the best company we have used by far". We spoke with a healthcare professional who referred people to the organisation for their care. They said, "They are very good; we have never had any

problems or complaints".

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Where people lacked capacity to make decisions; mental capacity assessments had been not been completed.