Goldsmith Personnel Limited

Goldsmith Personnel Limited (East London)

Inspection report

98 Hoe Street
Walthamstow
London
E17 4QS

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

We inspected Goldsmith Personnel Limited (East London) on 22 March 2016. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. This was the first inspection of the service since it was registered with the Care Quality Commission. The service was providing support with personal care to 51 adults living in their own homes at the time of our inspection.

There was a registered manager at the service at the time of our inspection. 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 and associated Regulations about how the service is run.

The service did not have a robust recruitment process because staff references did not always correspond with their application forms. We found staff reference's completed after the employee had started providing care to people and verbal references were recorded with minimal detail.

Staff had undertaken training about safeguarding adults and had a good understanding of their responsibilities with regard to this. Risk assessments were in place which provided information about how to support people in a safe manner. Staff understood their responsibilities under the Mental Capacity Act 2005. We found there were enough staff working to support people in a safe way in line with their assessed level of need. The service had arrangements for the management of medicines to protect people against the risks associated with medicines.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people and their relatives were involved in making decisions about their care.

The registered manager was open and supportive. Staff, people who used the service and relatives felt able to speak with the registered manager and provided feedback on the service. The service had various quality assurance and monitoring mechanisms in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. The service did not have a robust recruitment process.

People who used the service and their relatives told us they felt the service was safe. Staff had a good understanding of their responsibilities with regard to safeguarding adults.

Risk assessments were in place to help ensure people were supported in a safe manner.

There were enough staff to meet people's assessed needs in a safe manner. The service had arrangements for the management of medicines to protect people against the risks associated with medicines.

Is the service effective?

Good

The service was effective. Staff undertook a comprehensive induction programme on commencing work at the service and then had access to on-going training and supervision.

The service worked within the Mental Capacity Act 2005 and people were able to make choices about their daily lives.

Staff were aware of people's dietary preferences. Staff had a good understanding about the current medical and health conditions of the people they supported.

Is the service caring?

Good

The service was caring. People who used the service and their relatives told us that staff treated them with dignity and respect.

People and their relatives were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care was planned in line with the needs of individuals. People and their relatives were involved in planning their own care.

People's needs were subject to review and the service was able to respond to people's changing needs.

People who used the service and their relatives said that the service responded to any concerns or complaints.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place and a clear management structure. Staff told us they found the registered manager to be approachable and open.

The service had various quality assurance and monitoring systems in place.

Goldsmith Personnel Limited (East London)

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 checked 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.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the service and the local borough safeguarding team. Before the inspection the provider completed 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. We sent 16 questionnaires to people asking them to tell us about the care and support they received from the service. Two were returned to us.

The inspection team consisted of two inspectors. On the day of the inspection we spoke with the registered manager, the care co-ordinator, and four care workers. After the inspection we spoke to three people who used the service, six relatives and two care workers. We looked at 11 care files, daily records of care provided, staff duty rosters, four staff recruitment files including supervision and training records, minutes for various meetings, medicine records, and policies and procedures for the service

Requires Improvement

Is the service safe?

Our findings

The service did not have robust recruitment systems in place. Records showed that application forms, a formalised interview process, photographic evidence of the applicant's identity and their right to work in the UK, references and a disclosure and barring service (DBS) criminal record check were being completed. A DBS check helps an employer make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Although all of this information was found on each staff member's file, the information had not been checked to ensure authenticity and appropriateness. For example, two staff member's references had dates of employment that did not correspond with their application forms. Also one person had undertaken a DBS check in May 2015 but had not been interviewed until the following December 2015 and began work in January 2016. Although there had been a significant gap of eight months between receipt of their DBS check and the beginning of work this had not been verified by the employer as safe. The registered manager told us that a new DBS check had been applied for as they could not be certain what had transpired during the time lapse. We also found references dated after the employee had started providing care to people. The registered manager told us that they had undertaken verbal references before receiving written confirmation however the only record available was one to verify that a telephone had been made. We looked at these records and found they were non-specific regarding what information had been requested or given by the referee. This meant that the provider had not carried out robust checks to evidence that staff were suitable to work with people.

The above issues were a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and their relatives told us they felt the service was safe. One person said, "I have complete confidence in them [staff]."

Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. Staff told us they would report any witnessed or suspected abuse to the registered manager. One staff member told us, "We have to report all concerns to the office. Concerns about someone's safety, a change in their behaviour, if they refused to take their meds or have a bath, and if they looked unwell." All staff had received up to date training in safeguarding vulnerable adults. The organisation's safeguarding and whistleblowing policies and procedures were also contained in the care worker support staff handbook which was given to all new members of staff when they first joined the service.

The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the local authority safeguarding team and the Care Quality Commission (CQC). This meant the service reported safeguarding concerns appropriately so CQC was able to monitor safeguarding issues effectively.

People's needs were assessed and risks identified. Risk assessments were put in place to manage these risks and prevent avoidable harm. Care plans contained risks assessments to manage the risks associated with moving and handling, finances, medicines and the environmental risk associated with working in people's homes. We also saw more specific individualised risk assessments, for example, to manage risks associated with diabetes. Risk assessments showed us that risks were identified and then steps taken to reduce the risk. For example, moving and handling risk assessments included details about mobility aids people used to minimise the risk of harm. Care workers we spoke with showed an understanding of people's needs and the risks associated with providing their care and support.

People told us the care workers gave them the support they needed with their medicines. There were procedures about the administration and management of medicines. All staff had been trained to understand how to safely administer medicines. One staff member said, "Some clients I prompt with medicine and sign the medicine sheet. We bring the medicine sheet into the office at the end of the month." The registered manager audited medicine records each month and we saw records of these audits. Where problems had been identified the concerns were discussed with the staff member. For example, we saw supervision records where medicines management were discussed with staff. Contact details for the person's GP were included in their care plan and medicines record and the staff used these if needed to discuss people's medicines. There were safe arrangements to protect people's health and welfare when being supported with their medicines.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required.

The service had an infection control policy which included guidance on the management of infectious diseases. Staff were aware of infection control measures and said they had access to gloves, aprons other protective clothing. One person told us, "They [staff] wear their gloves and wash their hands." A relative said "They [staff] certainly puts on gloves and the apron. They wash their hands when they leave."

The service had an up-to-date business continuity plan. This identified steps that would be taken to maintain continuity of care in the event of an emergency. This included emergency telephone numbers for staff and professionals that might be needed in a time of crisis.

People who used the service and their relatives told us their care staff usually arrived promptly and would stay the allotted amount of time. If there were any problems they said the office or the care worker would call them. One person told us, "Turns up on time. Has my number and will call me if [staff member] is running late." A relative said "Sometimes [staff member] is late but rings me if that is going to happen. Only been late once." Another relative told us, "99% of the time yes. Only occasionally it is when there are problems with the traffic being so bad. I always get called. Each time they came back with a status update."

Good

Is the service effective?

Our findings

People who used the service and their relatives told us they were supported by staff who had the skills to meet their needs. One person told us, "Yes they [staff] are very good. They do exactly what I want them to do." A relative said, "They [staff] certainly do a good job."

New staff were supported with a five day induction programme. The induction covered d topics including manual handing, dementia, health & safety, first aid awareness, risk assessment, medicines administration and safeguarding. The registered manager and staff told us that new staff shadowed more experienced staff members before they were expected to work independently. One staff member told us, "The induction course gives you all the basics you need to know before starting work." Another staff member said about induction, "Practical training like manual handling, watching videos and competency tests."

Staff we spoke with told us they were well supported by the registered manager. They said they received training that equipped them to carry out their work effectively. Staff training records showed staff had completed a range of training sessions. Training completed included health and safety, infection control, medication awareness, moving and handling, safeguarding adults, first aid, and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed staff did more specialised training when needed, for example, catheter care and stoma care awareness. One staff member said about the training, "The induction and training covers all the basics you need to know." Another staff member told us, "If a problem with a client then the manager will give me the appropriate training." The same staff member gave us the example of a person who started showing signs of dementia. The staff member told us that training had been organised to support them to understand the needs of that person.

Staff received regular formal supervision and we saw records to confirm this. One staff member said, "We get a lot of supervision. It's very useful." Another staff member said about supervision, "Helpful and supportive." Annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year were carried out.

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.

We checked whether the service was working within the principles of the MCA. Care plans provided information about people's memory/cognition and recorded whether people might struggle to make decisions. We saw that people using the service or their representative had signed their care plans to give their consent to the care and support provided. Consent was also sought where care workers supported people using the service to take prescribed medication. This meant people's ability to make decisions and consent to the care and support provided was considered.

The registered manager and staff had an understanding of the MCA and how the act should be applied to people living in their own homes. Staff explained how they supported people to make choices about their daily lives. Staff also told us they spoke with people who used the service and family members to get an understanding of people they supported and their likes and dislikes. One relative told us, "[Relative] decides what she wants to wear. They even ask her what night dress she wants to wear." A staff member said, "I have had a client for a year but I still ask them what they want even though I know."

People were supported at mealtimes to access food and drink of their choice. Where people using the service required support with preparing meals or drinks this was documented in their care plan. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. One person told us, "My morning carer dresses me, makes my breakfast, bed and clean ups. I can feed myself with a spoon as I can't use a knife and fork." This meant people were supported to eat and drink enough to maintain a balanced diet.

Care records in people's homes included the contact details of their GP so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health, they called for an ambulance to support the person and support their healthcare needs. One staff member told us, "I called the manager about a person who wasn't drinking. I insisted we call the paramedics." A relative told us, "I am confident they [staff] would cope in an emergency."

Good

Is the service caring?

Our findings

People who used the service and their relatives told us staff treated them with dignity and acted in a caring manner. One person told us, ""We have a little laugh." Another person said, "We have good conversations." A relative told us, "Carer's do a first class job."

Staff told us they enjoyed working with the people they provided care for. They said that they shadowed care workers to help build a relationship with people who used the service and to get to know them better. One staff member told us, "At the moment I have worked with my clients for the last year. They are good people."

Staff told us how they made sure people's privacy and dignity was respected. They said they explained what they were doing and sought permission to carry out personal care tasks. One staff member told us "If I had to put someone on the toilet I would close the door. When they are finished they would call me to help them." One relative said, "When it comes to washing. They cover [relative] as this is what they want."

People's cultural and religious needs were respected when planning and delivering care. For example, where possible, staff respected people's wishes when preparing culturally specific food. Another example, one staff member told us they were matched to a person as they wanted someone from their own cultural background. Records showed that people could request a care worker of the same gender. Staff, people who used the service and relatives confirmed this was always supported.

Records showed that people using the service and their relatives, where applicable, were involved in making decisions about care, treatment and support. People had signed to say they were in agreement with their care plans and risk assessments. One relative told us, "I have a copy of the care plan and I know exactly what they do and they write it up each time they visit." Another relative said, "The service was adapted to suit [relative], not the other way around. We have made some changes over time but always with discussions. We work as a partnership and [registered manager] follows through."

People were encouraged to maintain their independence and undertake their own personal care where possible. Where appropriate staff prompted people to undertake certain tasks rather than doing them for them. Staff gave us examples of how they helped people to be independent. One relative told us, "They [staff] try and encourage my [relative] to have some physical independence."

Good

Is the service responsive?

Our findings

People who used the service and their relatives told us they felt the service was responsive to their needs. One person told us, "[Staff member] does what I want." One relative told us, "I have phoned them for lateness. I called the office and [staff member] was very good. They said they would look into it and call me back which they did. I then got a call from the carer too".

The registered manager told us that they met with prospective people who wanted to use the service to carry out an assessment of their needs after receiving an initial referral. This involved speaking with the person and their relatives where appropriate. The initial assessment included a section called "all about me" which detailed the person's life history. The registered manager told us the purpose of the assessment was to determine if the service was able to meet the person's needs and if the service was suitable for them. One relative told us, "I was involved." People told us that staff listened to them and respected their choices and decisions. People confirmed that they were involved as much as they wanted to be in the planning of their care and support. People and their relatives told us they were kept up to date about any changes by staff at the office.

Care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including personal care, continence care, manual handling, medication, nutrition, finance, home health and safety, daily living, social and cultural needs and meaningful activities. The care plans were written in a person centred way that reflected people's individual preferences. For example, care plans detailed specific body creams people preferred and what television channels they liked to watch. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. One staff member told us, "All service users have a care plan which we look at on the first visit. The care plans vary in detail but they all cover the basics." One person told us, "Yes I have a care plan and it is kept in the kitchen."

Care plans were written and reviewed regularly with the input of the person, their relatives, and the senior staff members. Records confirmed this. Staff told us care plans were reviewed regularly. One person told us, "Yes I have a review every year with the Social Services and they [staff] are present at that review." A relative when asked about care plans being reviewed said, "Yes they [staff] come around every so often. They ask if the times are ok." Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

The service had a system in place to log and respond to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaint to, if they were not satisfied with the response from the service. People and their relatives were given a copy of the complaints procedure included in the service user guide. One relative told us, "Never have had to make an official complaint but I know the procedure." The registered manager told us there had been one complaint since the service was registered. Records showed the complaint was resolved in line with the service's complaint procedure.

Good

Is the service well-led?

Our findings

People and their relatives told us they had regular contact with the registered manager and the office staff. One person told us, "She [registered manager] has visited me a few times. Very professional and very easy to talk too." Another person said, "I have met her [registered manager]. She said she would come to meet me and she did." A relative told us, "I get great support from [registered manager]." Another relative said, "She [registered manager] seems pretty efficient and on top of everything."

There was a registered manager in post and a clear management structure. Staff spoke highly of the registered manager and the office team. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "Very supportive as you can call her anytime day or night." Another staff member said, "We work together. We communicate very well. If something needs addressing she will meet me."

People and their relatives were provided with a service user guide. The information set out how the service planned to support people with care. For example, the service user guide stated, "We will treat each client with respect and remain sensitive to his/her needs and abilities, and aim to promote the client independence and personal dignity." The service user guide also clearly detailed the process of the initial referral, care and risk planning, care plan reviews and how the service monitors the quality of the service.

Staff told us the service had regular staff meetings. Staff said that team meetings were helpful and that all staff had input into discussions about the service. Records confirmed that staff meetings took place regularly. Agenda items at staff meetings included the and Mental Capacity Act 2005 (MCA), care plans, medicine recording, safeguarding, complaints, dignity and quality monitoring . One staff member told us, "We have staff meetings. If we have any problems. It is a two way thing." Another staff member said, "They are a good place for sharing ideas and learning from others."

The service gathered the views of people who used the service and relatives through the use of a survey. One person told us, "I do get a survey once a year and I complete it." A relative said, "I get asked when they come to visit and a questionnaire once a year." The survey covered topics on care plans, contacting the office, respect, if people felt listened too, promptness of care workers, how changing needs are met and complaints. We looked at the survey results for twenty returned forms. Overall the service had received positive feedback. Comments included, "Your carers are prompt and dedicated" and "They [staff] are like sisters." The service completed a summary of the surveys which included actions to complete. Records showed actions had been addressed. For example, the most recently completed survey had identified some people did not have a copy of the service user guide. Records showed the service had sent a service user guide to all the people that used the service.

The service also gathered the views of people who used the service with regular spot checks and telephoning call monitoring. People and their relatives we spoke with and records confirmed this. One relative told us, "We have done a survey and they phone occasionally." One staff member said, "Some days the supervisor will come out with me to clients. Look how I am working. She will take notes and will tell me

what I should be doing." The same staff member told us, "They [office staff] go to all my clients."

The registered manager told us the service had a monitoring visit in February 2015 from the provider's quality assurance team. The registered manager told us aspects of the service that were audited, for example care folders, care plans, risk assessments, complaints and safeguarding. The registered manager advised us that the report for the audit was pending at the time of the inspection.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use the service were not protected from the risks of unsafe care because the recruitment procedures were not adequate. Regulation 19 (1) (a) (b)