

Gold Care Services Ltd

# Gold Care Services Ltd

## Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Gold Care Services is a supported living service providing personal care to 13 people aged 18 and over at the time of the inspection. The people receiving support had a learning disability and/or Autism. The service supported people in three supported living homes in South London and Surrey.

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.

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

Risks to people were not always assessed and managed correctly. Accidents and incidents were not analysed to ensure trends and themes were identified.

People were not consistently supported with medicines in a safe way. Infection control measures had not always been implemented effectively and government guidance in response to the COVID-19 pandemic was not always followed.

Staff had not always been trained in relevant areas to make them effective in their roles. Some staff told us they did not always feel supported by the registered manager.

Management of the service was unclear as to who was responsible for oversight of each of the supported living homes. This had impacted the effectiveness of quality audits and made areas for improvement difficult to identify.

CQC and the local authority had not been made aware of significant incidents and allegations that had been made within the service. Safeguarding protocols had not always been followed correctly and staff had inconsistent knowledge on how to report concerns.

Some people had restrictions in place that did not have clear documentation to confirm how lawful consent was obtained and how decisions were made in people's best interests. People were not always supported to have maximum choice and control of their lives. Staff did not always support people in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

#### Right Support:

People's support needs were not always consistently recorded and risks to them were not always appropriately identified and assessed.

#### Right Care:

Care practises upheld and respected people's dignity. We saw examples of caring interactions between staff and people that were being supported.

#### Right Culture:

The culture in the service was having a negative impact on the support that was being provided to people. Due to a breakdown in communication within the management team, appropriate oversight to ensure effective care was not evident.

The provider and the management team have acknowledged there was improvement to be made in the service and were working with the local authority to address concerns as quickly as possible. This was to ensure improvement were made to the quality of support people received.

People told us they felt supported and felt included and involved in the running of the service.

The registered manager followed safe recruitment processes and attempts had been made to continue staff appraisals and supervisions throughout the pandemic.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 1 November 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made or sustained and the provider was still in breach of regulations.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan to make improvements and to confirm if they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gold Care Services on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to

hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, safeguarding, consent to care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-Led findings below.

# Gold Care Services Ltd

## 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.

This was a focused inspection to check whether the provider had met the requirements of the breaches in relation to Regulation 11 (Need for consent), Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

This inspection was carried out by two inspectors and an assistant inspector.

#### Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information

about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided in one of the supported living homes. We also observed interactions between staff and four other people who used the service across the remaining two supported living homes. We spoke with seven members of staff including the provider, registered manager, general manager, senior care workers and care workers.

We reviewed a range of records. This included five people's care records and multiple 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 policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two further members of staff and one professional who regularly visits the service. We also spoke with five social care professionals that were completing ongoing work with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. In addition, at this inspection inconsistencies were found with medicine management, the analysis of accidents and incidents and preventing and controlling infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- People were not always kept safe from the risk of harm. Risk assessments were not always completed. For example, at the last inspection it was identified that a person at risk of seizures did not have a risk assessment in place. At this inspection, another person was also identified as at risk of seizures, however, there was not a relevant risk assessment in place. Another example was a person's care plan detailed how a person was at risk of exposing themselves. There was no risk assessment to offer advice and guidance for staff on how to support this person.
- Where risk assessments had been completed, some lacked important details. One person was at risk of self-harm, however, there was a lack of advice and guidance for staff around triggers or distraction methods that could be used. On one occasion police had attended an incident and had submitted a safeguarding referral that had stated their concerns of the staff appearing not to have knowledge in how to support the person. With these concerns in addition to the lack of detail in the risk assessment document this was placing the person at risk of harm.
- Professionals shared with us concerns that not all staff at the service seemed prepared or adequately trained in certain areas, and this impacted their ability to support people effectively. For example, some of the service users were diagnosed with anxiety and depression, however, staff had not received specific training in this area. In addition to the lack of detail with risk mitigation meant that people were not always receiving safe care.
- Staff had assessed people's needs appropriately in their day to day support of people, however, we saw instances where people's needs had changed and the service had appeared to struggle to deliver effective support. One person's needs had changed drastically over the course of eight months prior to our inspection. Very little support had been put in place to manage this person's new level of needs.
- Recording of medicines was inconsistent. One person required a pain patch that needed to be changed



every 72 hours. Instructions for staff stated that the pain patch needed to be applied to a different area of the body each time it was changed. There were no body maps in place to advise staff on where it had last been placed and therefore help them identify should the patch fall off.

- The management of medicine was also inconsistent. We saw examples of where bottles had been opened, however, staff had not dated when this had occurred. This left people at risk of being administered medicine that was out of date and not managed safely. In some occasions we also saw that daily temperature checks were not being recorded to ensure medicines were being stored in a safe environment.

- There had been a new digital care planning system introduced within the service. This recorded accidents and incidents. However, it was noted that no audits or reports were being generated from these records to identify trends and patterns to identify potential issues in a timely way. No preventative measures had been put in place as a result of potential learning from the recording of accidents and incidents. For example, a person's mental health had deteriorated to a point where there were regular incidents where he had placed himself and others in danger of harm. There were no proactive measures that had been taken as a result.

- We saw instances where staff were not following COVID-19 infection control government guidance. On several occasions staff were seen not to wear face masks whilst providing support to people. When we challenged the management team they informed us that the service users had made a decision that they did not want staff to wear masks in their home. This decision and associated assessment of risk had not been fully explored or documented to ensure there was a person-centred rationale for not following government guidance about the use of PPE in social care settings.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection we signposted the registered manager to government guidance relevant to their setting to develop their approach. Following the inspection, we received confirmation that the government guidance was being followed by all staff at the service.

- Improvement was seen since the last inspection in relation to health and safety. For example, fire safety policies and procedures were in place and steps had been taken to keep people safe from risks of hazardous cleaning materials.

Systems and processes to safeguard people from the risk of abuse

- We found people were not always kept safe from the risk of abuse. Staff were not always clear about the procedure they should follow to report safeguarding concerns. One staff member said, "Whatever happening here stays here, don't talk outside. I speak to my managers if I had concerns, but I haven't had to." Another staff member said, "I haven't seen a poster nor been sent a copy (of a whistleblowing procedure). I wouldn't know what to do before now."

- We found two instances during our inspection where the management team had not made the relevant referrals following safeguarding concerns being reported to them. Retrospective referrals had to be made to social care professionals when this was brought to the provider's attention but caused a delay in those safeguarding investigations.

- The management team did not appear to have full understanding of the procedure to follow once they received allegations of abuse and safeguarding concerns. External professionals such as the police and the local authority had not been notified of significant concerns in a timely way in order to act quickly to keep people safe.

- Professionals working with the service shared concerns that they were unsure that the management team had a full understanding of identifying safeguarding concerns and reporting them accordingly. One professional said, "I think there needs to be some education around what constitutes a safeguarding

concern, as there are many examples of where these haven't been properly reported."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that safeguarding concerns were being addressed in a timely way to result in safe outcomes for people. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- People told us there were enough staff to meet their needs. However, there was mixed feedback of continuity of a permanent staffing team. One person said, "Someone left yesterday, another is leaving on Saturday, going through a transition. It's always a period of adjustment for me to get to know people, it would be nice to have continuity. When staff are around for some time, we build a rapport. I don't like changes."
- There had been some changes to the staffing team as there was an ongoing internal investigation, so it was difficult to establish what long term plans were in place for a permanent staffing team.
- Staff had an induction programme when starting at the service. This included staff support, training and a period of 'shadowing' of a senior member of staff.
- The registered manager followed thorough recruitment processes. This included interviews, references from previous employment and checks with the Disclosure and Barring Service (DBS). This is a check to confirm whether a potential employee is known to the police so the registered manager can make safe recruitment decisions.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection decisions were being made for people without an appropriate decision specific assessment being undertaken in relation to their capacity. When a person was unable to make a decision, we did not see evidence of those decisions being made for the person in their best interests. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11

- Mental capacity assessments were not consistently completed throughout the service. For example, there was limited documentation of how people had been asked for consent in relation to receiving recent COVID-19 vaccinations. A staff member said, "The manager made the decision. [Manager] gave the okay. He liaised with the family." There was no documentation as to how this decision had been made and what best interest decision process had been followed or if an advocate had been involved.
- People had restrictions in place on them without evidence of consent given or best interest decision process. For example, a person had a sensor mat in their room to notify staff at night if they needed to support to go to the bathroom. There was no documentation in the care plan to demonstrate whether their

mental capacity had been assessed to consent to that decision or that a best interest decision had taken place to consider whether this equipment was the least restriction option to keep the person safe. The lack of documentation around consent or best interest decision discussions meant the correct MCA process had not been followed. This was a continued breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, staff we spoke with confirmed that they received regular MCA training and they could explain to us the correct procedures to follow. One staff member said, "If they can't make a decision we follow up with the manager and we have a meeting and the decision is made with the person or parents there. We involve the doctor or the therapists." Another staff member said, "You have to know about their choice, and respect their decisions."

Staff support: induction, training, skills and experience

- Feedback from staff about support they were given was mixed. One staff member said, "The registered manager has never stepped foot in [one of the supported living locations] in the four years I've worked there. I don't know [registered manager] and wouldn't know how to get support." However, another member of staff said, "I don't wait until supervision to speak with the manager, I can approach her anytime."
- Staff had not always been adequately trained to be effective in their roles. For example, the registered manager confirmed only approximately 50% of the staff had received autism training, however nearly 100% of the people being supported were diagnosed with autism.
- The management team were trying to book new training to support staff. Two days after our inspection a large percentage of the staffing team took part in positive behaviour training.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Feedback from agencies working with the service was mixed. Some professionals shared frustrations with communication and lack of updates from the management team. However, other professionals shared that the management team seemed keen to learn from errors in reporting that had been made in the service.
- We saw evidence in care plans where staff had supported people to access healthcare services. This included chasing appointments and various test results in a timely way.
- Care plans detailed how people's hobbies had been documented and advice for staff to encourage people to make good choices to work towards a healthier lifestyle. This included listing people's physical activity preferences to keep people active during the pandemic.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- We saw some examples where care plans had been reviewed regularly and updated with changes of needs. This included advice and guidance for staff to follow to deliver effective care.
- Although this is a supported living service, we saw staff support people to eat and drink enough to maintain a balanced diet. People were encouraged to be independent where possible and we saw staff support people to make their meals safely. Staff were seen to offer people food and drinks to match their preferences.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection concerns were found in the change to management structure and the effectiveness of quality assurance audits. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The new management structure noted in the last inspection of a registered manager supported by a general manager was still in place. However, it was discovered during the inspection that the provider had supported a senior member of staff at one of the supported living locations to begin the CQC registration process to become an additional registered manager. The registered manager and the general manager had not been informed of this change to the management structure of the service.
- The general manager and the registered manager confirmed that they had lost oversight of this separate supported living location with a soon to be additional registered manager in post. This meant there was no overarching management of the service.
- There was no joined up working between the different locations of Gold Care Services. No management meetings had been organised to ensure that all locations worked as one entity. This meant that good practise from one service was not shared to improve other locations within Gold Care Services.
- Due to a breakdown of communication within the management team of Gold Care Services the registered manager told us that there had been no overarching quality assurance audits completed for the service since the last inspection.
- There were various concerning staffing changes and allegations that had been made that were being dealt with by the general manager. All of the details had not been communicated to the registered manager. This meant that the registered manager did not have oversight of serious accusations that had been made by staff members about other staff members.
- The management team had not identified concerns that had been raised as significant safeguarding concerns. As a result, the local authority had not been made aware of safeguarding concerns and significant incidents in a timely way. This meant that safeguarding enquiries were delayed leaving people in a potential vulnerable situation.
- There was no evidence of clear, effective audits being completed by the provider or the registered

manager. This meant that potential areas for improvement were not being identified or any action taken to improve the service. For example, there was no clear analysis of accidents and incidents.

The lack of complete oversight of the service was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager are legally required to notify CQC of significant concerns or incidents. We found several examples where CQC had not been made aware of notifiable incidents.

This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

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

- There had been recent concerns raised by staff members and there was no documentation to show how the duty of candour had been followed. It was not clear what process had been followed to ensure the management team had been open and honest with people using the service.
- Staff meetings and house meetings for people had been impacted by the COVID-19 pandemic. The feedback from staff was mixed. One staff member said, "I don't feel listened to, I don't feel supported, I don't understand certain decisions that have been made." However, another staff member said, "We work as a team here. All of us work as a group. I feel very supported."
- People told us that they were involved with the running of the service. One person said, "Very happy here, kind words we have a laugh, connections with them (staff) and feeling like a family."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Records showed that staff knew people's individual needs and parts of care plans were person-centred. There had been a new digital system introduced within the last four months, this was still being progressed. The general manager said, "We are working towards a high standard of care planning that is person-centred."
- The registered manager encouraged staff to record activities and how people respond to them. This helped identify people's individual hobbies and preferences, as a result, this informed staff on how to encourage people to take part in activities.
- There were some examples of the management team and staff working well with health professionals. An example of this was seen where staff were following guidance that had been set out following a referral to the Speech And Language Therapist (SALT) team. This partnership working was improving people's quality of life and care they were receiving.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had not notified CQC of several notifiable incidents.

### The enforcement action we took:

We served a fixed penalty notice

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Decisions were being made for people without an appropriate decision specific assessment being undertaken in relation to their capacity. When a person was unable to make a decision, we did not see evidence of those decisions being made for the person in their best interests. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to robustly assess the risks relating to the health safety and welfare of people. In addition, at this inspection inconsistencies were found with medicine management, the analysis of accidents and incidents and preventing and controlling infection.

### The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
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Personal care

Regulation 13 HSCA RA Regulations 2014  
Safeguarding service users from abuse and improper treatment

Systems were either not in place or robust enough to demonstrate that safeguarding concerns were being addressed in a timely way to result in safe outcomes for people. This placed people at risk of harm.

**The enforcement action we took:**

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Concerns were found in the change to management structure and the effectiveness of quality assurance audits.

**The enforcement action we took:**

We imposed conditions on the provider's registration.