

## Goldleaf Homecare Limited

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### Inspection report

43a Highbridge Street  
Waltham Abbey  
Essex  
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15 August 2016

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 15 August 2016. GOLDLEAF is a domiciliary care agency (DCA) based in Essex which provides personal care to people in their own homes. At the time of our inspection there were eight people using the service.

The service has a registered manager. 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.

There were systems in place which provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

There were procedures and processes in place to ensure the safety of the people who used the service. People were safe because staff understood their responsibilities in managing risk. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

Staff respected people's choices and took their preferences into account when providing support

There were sufficient staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred.

Training records for staff showed that essential training, covering a variety of topics, had been undertaken including induction training.

Staff members received regular supervisions, this showed that appropriate systems were in place to support staff to do their job.

Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

People told us they knew who and how to contact the service if they had a concern or complaint

People who needed support with their medication told us that they are happy with the arrangements. At the time of inspection people were able to take their own medication or were supported by relatives, staff support consisted of prompts to enable people to take their medicines independently.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff understood how to protect people from harm and abuse.

There were enough staff to support people in a safe way.

The service had effective systems in place to ensure that the recruitment of staff was safe. This included required background checks, references and identity checks

### Is the service effective?

Good ●

The service was effective.

Staff were supported to do their job and completed a training programme to ensure that they had the knowledge and skills to care for people who used the service.

People's needs were assessed before they began using the service and care was planned in response to these.

### Is the service caring?

Good ●

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were respected and valued by staff.

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

### Is the service responsive?

Good ●

The service was responsive.

People were regularly involved in reviewing their care and support provided by the service to ensure it met their needs.

People were aware of the complaints procedure and appropriate

systems were in place to manage complaints.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Staff were supported and felt able to raise concerns and issues with the registered manager.

Staff were valued and received the necessary support and guidance to provide a person centred service.

Additional support, practical training and supervision was provided to staff to increase the quality of care delivered when needed.□

# Goldleaf Homecare

## **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.

The inspection took place on the 15 August 2016 and was announced. We told the registered manager, who was also the provider, that we would be coming 48 hours before our visit. We did this to ensure the manager was available as they could be out of the office supporting staff or people who used the service.

The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service, this included notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to us. We spoke with two members of staff and four people that used the service

On the day of the inspection we met the registered manager at their office, we reviewed five care and training records, five staff recruitment and support files and records which related to the management of the service.

## Is the service safe?

### Our findings

People we spoke with confirmed that they felt safe when receiving their care. One person told us, "Yes I feel safe, I wished they lived here, they are lovely girls." A relative told us, "Yes, I am here to check everything is okay." Most people who used the service did have relatives living with or near to them.

We found that sufficient numbers of staff were usually available to meet people's needs, as people and their relatives told us that most calls had been made on time by staff. In instances that staff were to be late, they had, in the most part, contacted people to explain why they would be late. However, we found in complaints records that some people had not received a visit. Most of these missed visits had been investigated with the relevant reasons such as staff sickness or missed communication, the outcome was recorded alongside an apology to the person. One missed visit was identified in a care record and had not been included in the complaints records. We discussed this with the registered manager who told us he is introducing an electronic dial in system that would identify immediately if a person using the service had not received a visit.

The manager also told us as a result of these missed visits he now has two staff on emergency cover at weekends. This meant if a member of staff called in sick or was unable to complete their rostered visits, two staff were available as back up.

Staff rotas demonstrated that staff were given enough time to travel from one person to another. One staff member told us, "We have more carers to cover different areas now so it is easier." Another staff member told us, "Yes it is better now."

The service had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff knew about safeguarding people, what constituted abuse and the action that they must take. One staff member told us, "I would get in touch with the manager, or if it is needed social services or the police."

Staff we spoke with demonstrated a good understanding of these processes and were able to tell us of actions they would take if they were concerned about a person's safety. One member of staff told us, "There is an out of hour's line we can use."

People's care and support was planned and delivered in a way that ensured their safety and welfare. Risk assessments had been completed as part of the service's initial assessment process to help staff identify and minimise any potential risks.

There were also basic individual risk assessments for each person to monitor and identify any specific areas where people were more at risk. For example, these assessments included those for risks associated with people being supported to move, prevention of falls, the environment and skin integrity. The risk assessments had been reviewed and updated regularly or when people's needs had changed.

Recruitment files we looked at showed that the service had a clear process in place for the safe recruitment of staff. Staff confirmed that they had completed an application form outlining their previous experience, provided references and attended an interview as part of their recruitment. We saw that a Disclosure and Barring service (DBS) check had been undertaken before the member of staff could be employed, this was carried out by the DBS to ensure that the person was not barred from working with people who required care and support.

People who needed support with their medication told us that they are happy with the arrangements. One person told us, "The staff just prompt me to make sure I have my medication when I need it." Staff were trained to administer medication, however at the time of our inspection people were able to take their own medication or had support from family members.

## Is the service effective?

### Our findings

People told us they thought their regular care workers were competent, understanding and knew what they were doing. One person told us, "They are very good." Another person told us, "On the whole they know what they are doing". One relative told us that experienced staff were competent when using a hoist but found newer staff could take a long time to gain confidence.

One member of staff told us, "I had a week long induction, then completed my training. We only had one client then so had plenty of time to complete my training." Another staff member said, "We had mainly e-learning but practical training for manual handling." The manager told us that they had used mainly e-learning to begin with, but they had now connected with a local care provider association and would have access to more face to face training. We were able to see evidence of staff enrolled on this training.

We spoke with the registered manager about the care certificate. He told us that they had booked a session with all staff to introduce them to this. He said, "I thought we would look at this as a team, as we are a new service we could work on these standards together." The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support.

Staff were well supported and monitored. They told us that supervision and spot checks took place regularly, which they found helpful and supportive. Records we saw confirmed that face to face supervisions took place on a regular basis and staff confirmed that any training needs or areas of concern were discussed. The manager told us annual appraisals would be conducted of staff performance once they had worked at the service for one year.

People's consent was sought before any care and treatment was provided and the staff acted on their wishes. People told us the staff asked their consent before they provided any care. Care plans had been signed to give permission for the information in them to be shared with others.

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. The registered manager told us that they were following best practice guidance about mental capacity and best interest decisions.

Staff understood their responsibilities under the Mental Capacity Act and what this meant in ways that they cared for people. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager.

Where needed, people were supported to have sufficient to eat and drink and had their nutritional needs met by staff. Staff had information about people's likes and dislikes.

People and their relatives told us that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed, and liaised with people involved in their care if their health or support needs changed. One person told us, "The carers go above and beyond, when [person] came out of hospital; the carer stayed an hour and a half trying to sort her medication out."

## Is the service caring?

### Our findings

People and their relatives told us that the staff always treated them with respect and kindness. One person said, "They are very good, they do what I want them to do. I am pleased with them." A relative told us, "They do much more in terms of care than my previous service; they are very caring and very thorough."

People we spoke with confirmed that they usually had regular care staff who supported them and with whom they had built relationships. A relative told us, "We get four on a rota, [Named] has a very good rapport with them and we know who is coming." Staff also confirmed that they had been working with the same people for some time and had got to know their likes and dislikes.

The registered manager told us that following a staff suggestion the service had sent Mother's day cards and birthday cards to people that used the service.

We saw care plans were reviewed regularly so they reflected people's current and changing needs. Staff understood why it was important to interact with people in a caring manner. Staff knew people's needs well including likes and dislikes. Staff were able to explain how they would support people to be independent and how important it was to enable people to do as much for themselves as possible.

We saw evidence that people had face to face meetings with the manager to discuss how their care was going. People considered that care staff were good listeners and followed their preferences. People we spoke to told us their care plans were developed and agreed with them. We also saw evidence in plans that this had taken place, such as people or their representative signing their plans. We saw that people and their relatives were involved in reviews and assessments and they were able to check that the care plan was meeting their care needs. One person told us, "I have someone coming next week."

People confirmed their privacy and dignity was respected at all times. Staff understood the importance of respecting and promoting people's privacy and dignity and gave examples of how they did this by ensuring curtains and doors were closed before delivering personal care. Staff knew about people's individual needs and preferences and spoke to us about the people they cared for in a compassionate way. One person told us, "They help me with a shower, I could not manage without them."

## Is the service responsive?

### Our findings

People told us the service was responsive to their needs for care, treatment and support. One relative told us, "The company are brilliant." Each person had a care plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to be cared for. The manager told us that one person was only provided with Italian speaking staff, which enabled the person to communicate their choices and understand their cultural preferences.

We saw in the five care plans that we looked at that people's needs had been assessed prior to their care package commencing. Most people that used the service had approached the agency requesting support independently. The registered manager visited people in their own homes to carry out the assessment. This enabled the management to gain an understanding of people's needs and assess whether the agency could meet their requirements before care commenced.

Care plans were developed using the information from assessments and detailed people's medical needs, mobility, when people liked to get up, how they wanted their support to be delivered, personal care needs, hobbies and important information about them. We saw people had duplicate care plans, one was held at the agency office and one file was in people's homes for staff to refer to when providing care.

Daily records were well written by staff and contained a good level of detail about the care that had been provided and any issues that other members of staff needed to be aware of. Staff we spoke with were able to outline the needs of the people they were supporting and explained how they would check the care plan to see if there had been any changes since their last visit. Staff told us, "We work closely together we talk to each other, other staff let me know and communication is good."

The service had systems in place to support people to express their views. A monthly telephone call was made to people who used the service by the registered manager and comments included, "Carers are always on time," and "They are polite and calm."

The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints in information left in their homes. One person told us, "Never had a complaint but I have a number that I would call." A relative told us, "I have made a complaint, but felt the manager dealt with it appropriately"

## Is the service well-led?

### Our findings

People and their relatives spoke favourably about the management and told us that the agency was well-led. People told us, "The manager is very approachable."

The registered manager was very knowledgeable about the people who received support, their needs, personal circumstances and the relationships that were important to them. The registered manager and staff were very clear about the values and the purpose of the services provided. The staff we spoke with were well motivated and spoke positively of the service's caring approach. Staff told us, "[Manager] is lovely, listens to me", and " This company has a very person centred approach, Their ethos is putting clients first, it is not just about getting in and out, it is a new company, and very much client led."

The service operated an on call system where each day a manager or supervisor was responsible for providing staff with support and guidance outside of office hours. Staff told us they felt well supported by the manager and the field supervisor and that the current on call arrangements were effective. One staff member told us, "They always have time for us, they are always on the end of the phone, I have never needed it but would not hesitate."

Staff meetings were held regularly and the minutes showed they had provided an opportunity to share information about people's care needs and discuss any changes within the service.

The registered manager was aware of their responsibilities to notify the Care Quality Commission (CQC) and other agencies of incidents that affected the safety and wellbeing of people who used the service. Due to the service being very small no notifications had been received at the time of the inspection. However, conversations with the registered manager assured us that they would report any incidents in a timely manner when the need arose

The manager described how the quality of the service was monitored and showed us records of the spot checks that were carried out. These included observation of staff practice, and having discussions with people that received the service and sampling some documentation. Although staff were not administering medicines, they were completing medication administration records as part of prompting people to take their prescribed medication. There was no overall medication audits in place.

We discussed the quality assurance process in place with the manager who understood that some improvements were needed to processes and systems to ensure the safety and quality of the service provided could be fully monitored. We discussed the need to set up a robust quality assurance system, which would need to be in place if the company was to expand their care packages and their staff team. The manager showed us a blank audit document that they intended to introduce to demonstrate that overall quality was being checked.