

Robérant Ltd

Golden4 Care

Inspection report

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20 November 2020
23 November 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Golden4 Care is a domiciliary care service providing personal care to people in their own homes. There was one person using the service at the time of the inspection.

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

The person using the service and their relative were very happy with the standard of care provided to them. They had formed good relationships with the care workers and found them to be caring and helpful.

Medicines were not managed safely due to a lack of clear detail in the directions and risk assessments about supporting people with their medicines. The service had not identified risks associated with the person's medicines or health conditions.

The management team carried out checks to monitor the quality of care people received however the auditing of medicines records was not effective as spelling errors in medicine names had not been corrected and the lack of information about the medicines had not been picked up.

Pre-employment checks to ensure staff were safe and suitable to work with vulnerable people were not always carried out properly before staff commenced employment and were not all verified by the provider.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Care workers told us they found their training helpful and they felt well supported by the registered manager and another senior staff member. The service had started carrying out appraisals since the last inspection and care workers were subject to spot checks in the person's home to see that they were carrying out their duties as required.

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 13 February 2020) and there were three breaches of regulations identified. The concerns related to the unsafe management of people's risks and medicines, poor recruitment processes and failure to effectively assess risk and quality of the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found not enough improvement had been made and there were continued breaches of regulations at this inspection. The service remains rated as requires improvement

Why we inspected

We carried out an announced comprehensive inspection of this service on 18 December 2019. Breaches of

legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in the areas of safe care, medicines, staff recruitment and management of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm 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 were not looked at on this occasion but were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. 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 Golden4 Care on our website at 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, staff recruitment and management at this inspection. We also made four recommendations. These were to update the service's infection prevention and control policy, ensure written consent to care is recorded, include information about nutritional needs in care plans and address people's equality characteristics.

You can see what action we have asked the provider to take at the back 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 monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well-led findings below.

Requires Improvement ●

Golden4 Care

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.

Inspection team

This inspection was carried out by one inspector and an inspection manager.

Service and service type

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

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 one day's notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 November 2020 and ended on 23 November 2020. We visited the office location on 23 November. The other days were spent reviewing records and speaking to staff, a person who used the service and their relative and the local authority.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included safeguarding alerts and feedback received about the service. We sought feedback from the local authority who worked with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with the person who used the service and a relative of the person using the service about their experience of the care provided. We spoke with four members of staff including the registered manager, executive administrator and two care workers.

We reviewed a range of records. This included risk assessments, medicines records and care records. We looked at five staff files in relation to recruitment and staff training. We also reviewed a variety of records relating to the management of the service, including policies, audits and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the local authority.

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

At our last inspection the provider had failed to properly assess the risks relating to the health safety and welfare of people and failed to manage people's medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although some improvements had been made, not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Assessing risk, safety monitoring and management, Using medicines safely

- Risks to people's safety including risks associated with medicines were not fully addressed to protect the person from harm.
- A medicines risk assessment was in place, but this document did not address what the risks were. There was no explanation of what medicines were for, any associated risks, where they were stored or instructions on how to give the person their medicines, for example one tablet at a time or all together, before or after meal etc. The risk assessment indicated that the person's eyedrops were not harmful which was inaccurate.
- The medicines risk assessment did not identify the person was taking any high risk medicines when the medicines administration record (MAR) showed this was inaccurate.
- Eight medicines on the MAR, including tablets and eyedrops were signed with one signature. Two medicines were spelled wrong. The MAR had been written by the service, so we asked the registered manager to ensure the medicines and directions on the MAR matched those on the prescription from the GP.
- The medicines policy stated that two staff would check a MAR was accurately completed but there was no evidence this was checked by another staff member once written. Spelling errors were not picked up.
- The management team were auditing MARs regularly but had not identified the shortfalls we found.
- There were risk assessments in place about risk of falls and environmental risks in the person's home. The risk assessment did not state whether equipment used was safe. The registered manager assured us the equipment was safe, but this was not recorded.
- There was no COVID-19 risk assessment for the person using the service to address risks associated with COVID-19 to protect the person.
- The care plan stated it was important to know about a person's health conditions but the plan contained no detail about some of the person's health conditions and how they impacted on them and what staff needed to be aware of. As a result staff did not know all the relevant information about a person's health. This left them at risk of their health and safety needs not being known and met.

We found no evidence that people had been harmed however, systems were either not in place or robust

enough to demonstrate medicines and safety were effectively managed. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Since the last inspection staff had been assessed as competent in administering medicines which was an improvement.

Staffing and recruitment

- At the last inspection we found the provider had failed to operate a safe recruitment process for some staff. This was a breach of Regulation 19 (Fit and proper persons). Although some improvements had been made, we found further work was required.

- People were not always supported by staff who had been appropriately vetted and assessed by the service to work with vulnerable adults.
- At our last inspection we found the provider had not taken out the same recruitment checks on the provider's family members they employed as they had for other staff. We explained that all staff employed are required to have the same recruitment checks taken out.
- The service had made improvements and the majority of staff had the appropriate recruitment checks in place including criminal records check and references.
- One staff member who visited people's homes on occasions did not have all the required checks in place. We advised that one of the references was not satisfactory. The provider did not give us any explanation for this when we requested it but provided another reference.
- Failure to take out and verify all required checks on staff leaves people at risk of having contact with unsuitable staff.

This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- There were enough staff employed to meet the needs of the service. There were other staff available to provide care in emergencies if current care workers were not available.
- Feedback from the family using the service was that staff were reliable and punctual and if ever a care worker would be late they would receive a phone call to explain and apologise.

Preventing and controlling infection

- This inspection took place during the Covid 19 pandemic. The registered manager reported that they had taken action to ensure staff followed appropriate infection control practices. This included ensuring there was a good stock of personal protective equipment known as PPE (gloves, masks, aprons) which was provided to them by the local authority.
- Staff confirmed they understood which PPE was required for which tasks and that they wore masks at all times in the person's home. People told us their care workers wore PPE when they were visiting them.
- There were COVID-19 risk assessments carried out for each staff member to reduce risks of them contracting the virus.
- The infection control during COVID-19 policy was not up to date regarding PPE but despite this staff said they knew how to wash their hands correctly and use PPE. The registered manager said they referred to government guidance regularly to ensure the service was complying with it, and staff said the registered manager regularly informed them of updates.

We recommend that the provider update the infection control policy in line with best practice during the COVID-19 pandemic.

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

- Staff had completed training in safeguarding. Care workers said they would report concerns to the registered manager and would raise a safeguarding alert with the local authority if needed.
- There had been a safeguarding allegation raised against the service which they did not inform CQC about. This is addressed in the Well Led section of this report.
- The registered manager told us they learned lessons from concerns raised at the previous inspection and visits from the local authority quality monitoring team. They had made some improvements such as completing training in assessing risks and ensuring a MAR chart was in place for a person supported with medicines. However we found the risk assessment for the person and the MAR were not comprehensive enough.

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.

Requires Improvement: 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. There was no person subject to a deprivation of liberty safeguard at the time of the inspection.

- There was no evidence that people had consented to their care plans or assessments. Where a person was not able to sign there was no evidence of a best interest decision or a representative signing on their behalf.
- In practice the person using the service and their representative said they had consented. They said, "They do everything I want, everything I ask them to do they do" and did not have any concerns.
- Although the person told us they had consented to their care, there was no documentary evidence of how the provider had sought their consent or assessed their capacity.

We recommend that the provider seeks people's consent to care in writing.

Staff support: induction, training, skills and experience

- Records confirmed that staff received training on mandatory topics when they started work with this service and that refresher training was also provided. We had concerns that numerous training topics were covered in a short time but there was no evidence that staff did not have the knowledge and skills to provide effective care. Staff told us they found the training helpful. Comments included; " the training is good."

- A member of staff who had not worked in care before told us they felt confident that their training equipped them to carry out their job and that there was always a senior member of staff to call for advice if they had any questions or concerns.

- Staff told us that they had spot checks by a senior member of staff who came to watch them carry out their duties and assess their competence. We saw these checks were written and areas for improvement noted.

- Spot checks were carried out by the registered manager and a senior worker who also had carried out staff appraisals since the last inspection.

- A person using the service and their relative thought that their care workers were competent and understood their needs well. A relative said the service looked after the person "very very well" and they had formed a good relationship with the person so that they trusted the care workers.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service assessed people's needs and risks so that care and support could be planned and delivered according to their needs and preferences then wrote a care plan based on the information in the assessment.

- Some areas of the care plan had limited information. One example of this was a lack of information about a person's health conditions and how they impacted on their abilities and daily life.

- There was also a lack of detail about how to support the person with their personal care. The care plan had different information to what the care workers told us. As the care workers knew the person well we assumed they had the correct information. This means the care plan was not up to date despite being reviewed a few weeks prior to the inspection. There was a risk that if a new care worker started providing care they may not have all the correct information from the care plan.

Supporting people to eat and drink enough to maintain a balanced diet

- There was a lack of information in a person's care plans about their nutritional needs and preferences. The plan said the person enjoyed one particular food and did not mention any other foods they liked and under "food I don't like" there was nothing listed. This was despite people telling us foods the person did not like. There was no record of any support the person may need with eating or drinking.

- The relative of a person said care workers supported the person well with eating and there were no concerns about the support the person received with their nutrition.

- Both staff and the relative told us that the care workers heated up food cooked by family and encouraged the person to eat well and knew what they liked and disliked eating and drinking.

We recommend that people's care plans included more detail on people's nutritional and hydration risks, needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care

- The service was not working with any other agencies at the time of the inspection.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us the family of the person using the service supported them with their health and to use healthcare services so the service did not need to. Care workers had accompanied the person to attend a hospital appointment on one occasion.
- The care plan stated it was important to know about a person's health conditions, but these were not included in the care plan nor any information about how the health conditions might impact on the person's abilities and day to day life. As a result, the care workers were not aware of the person's health conditions and what to look out for. This is addressed in the safe section of this report.

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 remained the same.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to implement effective management systems. 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.

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

- There was a registered manager supported by an executive administrator who was a senior member of staff sharing the management duties.
- The management team carried out audits of care records and MAR and recorded these. The audits identified some improvements needed but did not identify the shortfalls we found. There was a lack of detail in the care plan and medicines risk assessment plus lack of robust checking of the MAR. The audits had not picked up these issues. The same person wrote and audited the documents which was not an effective auditing system.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager did not fulfil their regulatory requirement to submit notifications to CQC about events, incidents and changes to the service as required by law. They had a good knowledge of the events that needed to be notified but had not sent CQC a notification about a safeguarding concern and two deaths. Although they said they had notified CQC of the deaths, we had not received the notifications. This was also brought to their attention at the previous inspection.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- Staff told us they were very happy working for this agency. They said the registered manager and executive administrator were supportive and communicated well with them. One care worker said the communication from them was, "Really really good."
- Staff said they felt the service put people's needs and wishes first and promoted good care and a positive person-centred culture.
- A relative told us the registered manager called them regularly to check how things were going. They said their relative was looked after very well and they had no concerns at all.
- The service apologised to a family where a care worker was late.

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

- Staff said they felt involved and were able to contribute their ideas. They said they could call for advice or practical support at any time and received regular communication from the management team.
- People told us that the registered manager phoned them to check how they were and see if they were happy with their service.
- It was not clear whether the service was fully aware of people's equality characteristics as these were not addressed in the care plans.

We recommend that people's equality characteristics are addressed in care plans in line with best practice.

Continuous learning and improving care

- The provider had made some improvements since the last inspection. They had introduced MAR charts, appraisals and improved training.
- There were quality monitoring systems in place though these were not always effective.

Working in partnership with others

- A local authority team told us they had negative feedback about the service.
- The service was not working in partnership with others, so we were unable to assess this question. No local authorities were commissioning care from this service.
- The local authority had some concerns at their monitoring visit. We found some of their recommendations had been acted on, but some had not.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have suitable systems in place for the safe management of people's medicines and health and safety risks.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People were not fully protected by the provider's recruitment processes.

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 17 HSCA RA Regulations 2014 Good governance The provider had monitoring systems in place but these did not effectively assess and monitor risk and quality of the service.

The enforcement action we took:

warning notice