Goldsmith Personnel Limited

Goldsmith Personnel Limited (Oxfordshire)

Inspection report

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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 caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection was announced and took place on 21, 22 and 23 February 2016. Goldsmith Personnel Limited provides care and support to people living in their own homes. At the time of the inspection 32 people were receiving a service.

There was a registered manager in post although they were on a planned leave of absence from the service at the time of the 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 2008 and associated Regulations about how the service is run.

People, their relatives and staff felt the service was well managed. Before the registered manager had gone on leave they had worked with the current manager to support and train them to take over the running of the service in their absence.

The management team sought feedback from people and their relatives and was continually striving to improve the quality of the service. However, systems to monitor the quality of the service were not always effective because they had not identified the issues we found during our inspection.

People felt safe when being supported by staff. Staff were clear about the action they would take to keep people safe from abuse. People and staff were confident they could raise any concerns and these would be dealt with.

People had a range of risk assessments in place. However, the service had not ensured people were always protected from the risks associated with their care. This was because where risks were identified action was not always taken to ensure the risks were mitigated.

People were asked for their consent before care was carried out. However, the manager and some staff did not understand their responsibilities under the Mental Capacity Act 2005 (MCA) because they were not clear about the action they must take if the person was assessed as lacking capacity to consent to their care.

People told us staff were respectful, kind and caring. People were cared for in a dignified way. People were involved in their care planning. They were provided with person-centred care which encouraged choice and independence. Staff knew people well and understood their individual preferences. People were supported to maintain their health and were referred for specialist advice as required.

People told us there was enough staff to meet their needs. People told us staff were rarely late and stayed for the planned amount of time.

People felt staff were knowledgeable in how to care for them. Staff completed a range of training and were

supported to gain qualifications to improve their skills and knowledge. Staff felt motivated and supported to improve the quality of care provided to people. Staff did not always benefit from having regular supervision or plans to help them improve their performance.

The management team carried out regular spot checks to ensure staff were completing the required tasks to an acceptable standard and to gather feedback about the service to check people were happy with their care.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Care plans contained risk assessments, however, action was not always taken to mitigate identified risks.

Staff were clear in their responsibilities to identify and report any concerns relating to abuse of vulnerable people.

There were systems in place to ensure people's medicines were managed safety.

Is the service effective?

Requires Improvement

The service was not always effective.

The manager and some staff did not understand their responsibilities under the Mental Capacity Act 2005 (MCA).

People thought staff were knowledgeable and well trained.

Health and social care professionals were involved in supporting people to ensure their needs were met.

Is the service caring?

Good

The service was caring.

People were complimentary about the staff. People were cared for in a dignified, caring and respectful way.

People's choices and preferences were respected.

Is the service responsive?

Good

The service was responsive to people's needs.

People received personalised care that met their individual needs.

People knew how to complain and felt confident any concerns would be dealt with promptly.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems to monitor the quality of the service were not always effective because they had not identified the issues we found during our inspection.

There was a positive and open culture where people, relatives and staff felt the service was well managed.

Peoples views were sought to improve the quality of the service.

Goldsmith Personnel Limited (Oxfordshire)

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.

This inspection took place on 21, 22 and 23 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available at the services office.

The inspection team comprised of two inspectors.

Before this inspection we reviewed all the information we held about the service. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We spoke with the local authority commissioners of the service to gain their feedback as to the care that people received.

During the inspection we spoke with eight people who used the service, two relatives and three health and social care professionals.

We visited the services office on 21 February 2016 and spoke with the manager, the deputy manager and four care staff. We looked at five people's care records. We reviewed four staff files, recruitment procedures and training records. We also looked at further records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People's care plans contained risk assessments which included: environment; bed rails; medicines; falls; communication, pressure damage and the risk of choking. However, where risks were identified action was not always taken to ensure the risks were managed. For example, one person had been assessed by a speech and language therapist (SALT) as at risk of choking. A letter in the person's care record from the SALT stated the person should be sat up for 20 minutes after eating. This guidance was not incorporated into the person's risk assessment or associated care plan. We spoke with three staff that supported this person with their meals. They were not aware of this guidance. Another person had an assessment which had been completed when they started to use the service. This stated the person was allergic to an antibiotic medicine. This information was not recorded on the persons medicines care plan or medicines administration record. The person was also allergic to a particular food. However, this had not been recorded on the person's mealtime support plan and staff were not aware of this persons allergies.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the manager because we wanted to make sure the people we had concerns about were safe. We also raised an alert for one person to the local authority adult social care safeguarding team. Immediate action was taken by the service to ensure staff were aware of the risks to these people.

People told us they felt safe. Comments included: "Oh it's a very safe service, very much so", "I feel very safe here yes" and "I do feel safe yes". Relatives told us people were safe. Relatives said, "I have no concern at all for my [relative's] safety" and "My [relative] is safe, the carers are great with them".

People were protected from the risk of abuse because staff understood their responsibilities in relation to safeguarding. For example, staff had attended training in safeguarding and understood the different types of abuse and the signs that might indicate abuse. Staff understood their responsibilities to report any concerns relating to possible abuse. One member of staff told us, "If I have a concern I would raise it immediately with my manager". Staff also knew where to report concerns about people's safety outside of the organisation if they felt an issue had not been dealt with by the provider. This included details of the local authority safeguarding team and the Care Quality Commission (CQC). A member of staff told us, "I would raise it with the manager or if I had to the Care Quality Commission". Safeguarding procedures were displayed in the services office and Safeguarding alerts had been raised appropriately with the local authority safeguarding team.

People told us there were enough staff available to meet their needs. People confirmed they did not experience any missed calls, staff arrived on time and always stayed for the required time. Comments included: "I don't get any missed visits, they let me know if they are running late but it's not very often", "I always seem to get the people I am expecting, very rarely changes" and "I know staff can sometimes be a bit more tight for time, but it doesn't affect my care". A relative told us, "I think they are quite tight on staff. I would worry if they had more people to look after than they already do, but I think they are sensible". Staff

rotas showed that enough staff were on duty to meet the required amount of support hours. They also showed there were enough staff to meet people's individual needs, for example, where two staff were required to deliver specific care tasks.

People's medicines were managed safely. Staff received training in medicines administration and where people's medicine required staff to be trained in line with the local authority shared care protocols this was completed. Staff were assessed as competent before being able to administer medicine unsupervised. People's care plans contained details of their prescribed medicines. Where people were being supported with medicines outside of a monitored dosage system (MDS) a printed medicines administration record (MAR) was provided by the dispensing pharmacist. Medicines records were all completed accurately and where medicines had not been administered a code had been entered to indicate why.

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed staff members were entitled to work in the UK. Staff told us they had a thorough recruitment check before starting their work.

Requires Improvement

Is the service effective?

Our findings

People told us staff asked for their consent before delivering care tasks. However, the principles of the mental capacity act (MCA) 2005 were not always being followed. The 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. Care staff we spoke with had a varied understanding of the MCA and what actions they would take to ensure the principles of the act were adhered to. The manager and senior staff did not have a good understanding of the principles of MCA and what action they must take if the person did not have capacity to consent to their care. It was not clear in people's care records whether people's capacity was considered as part of their care. Where care records held information which indicated a person may lack capacity to consent to some aspects of their care, capacity assessments had not been completed. For example, a significant decision had been made for one person about their care. There was no evidence of a best interest decision making process being carried out.

This was a breach of Regulation 11 of the Health and social Care Act 2008 (regulated Activities) Act 2014.

People were supported with their healthcare needs. People had access to appropriate professionals when required. People told us, and people's care records confirmed relevant professionals were involved in the assessment, planning and reviewing of peoples care. GP's, district nurses and occupational therapist were involved when concerns about people's wellbeing was raised. Visiting professionals told us, "Any concerns are always raised and communicated", "They (staff) have always been able to give detailed records of the situation, and they also liaise closely with the District Nurses and GP's, if there are any queries over health issues" and "They have always been pro-active with regards to health issues and acted well and appropriately in emergencies".

Staff understood people's nutritional needs and supported people to have access to food and drink. Where it was part of the care support plan, people had the food of their choice. Staff monitored people to ensure they had enough to eat and drink. Where any concerns were identified guidance and support was sought from relevant professionals.

Staff felt supported. Comments included: "I feel very supported yes", "The support is there if you need it, definitely" and "I am supported as much as I feel I need and know I can ask for more if I need it". Whilst staff felt supported day to day, formal supervision meetings were not always happening regularly for staff. Supervision is a one to one meeting between staff and a line manager where they can discuss their performance, raise concerns and identify any development needs. Senior staff told us supervision was carried out when they conducted spot checks of staff. Spot checks of staff happened on a regular basis. However, where areas for improvement had been identified, there was no evidence this had been discussed or followed up in supervisions and further spot-checks. Staff did not have a clear action plan to follow to ensure improvements were made. For example, we looked at a spot check record for one staff member which had identified areas where improvements in practice were needed in relation to infection control and

communication. There was no record of a discussion having taken place with the staff member to discuss the concerns. There was no action plan or evidence of any development offered to the staff member in line with the services own policy. We spoke to the manager about this. They told us the staff member's performance had been followed up at a subsequent spot check and the issues had resolved but acknowledged records did not detail this process adequately.

People and their relatives felt staff were well trained and knew what they were doing. Comments included: "Very pleased, the staff are very skilled at what they do" and "Staff are very good, very efficient, no concerns at all". A professional told us, "Staff I have been involved with have been friendly, professional and well trained".

Staff completed the provider's initial mandatory training programme and attended annual updates. For example, training in moving and handling, infection control and first aid. Training was provided by internal, qualified trainers or accessed online. In addition, staff were supported to access national qualifications in health and social care. Several staff had completed level two and three diplomas in social and health care to further increase their skills and knowledge in how to support people with their care needs. One staff member told us, "Training is good, yes".

Newly appointed care staff went through an induction period. This included training for their role and shadowing an experienced member of staff. The induction plan followed nationally recognised training and standards in the care sector and was designed to help ensure staff were sufficiently skilled to carry out their roles before working independently. One staff member told us, "I had lots of opportunities to observe and now take people out with me".

Good

Is the service caring?

Our findings

People told us they were cared for and were complimentary about the staff. Comments included: "Extremely caring staff, faultless", "They are all very caring and cheerful to boot", "The care is excellent no concerns", "Very satisfied indeed thank you" and "Very pleased with the care, very happy". A relative told us, "Wonderfully caring staff, have made huge difference to [relatives] life".

We saw compliments from people's relatives that made reference to occasions when staff had demonstrated a caring approach and went beyond what was expected of them in their normal duties. For example, we saw a thank you note from one relative when staff had gone out of their way to go and check on one person when there were concerns regarding the safety of the home and waited with them until the issue could be resolved.

Visiting professionals told us people were cared for. One professional told us, "They (staff) have always provided a high level of care and have built up a trusting relationship with the service user". Another said, "Clients I have reviewed have always said they are pleased with the standard of care given".

Staff knew people well and told us about people's health and personal care needs. Staff spoke about people in a very caring and respectful way, referring to them by their preferred name.

People were supported to make choices and decisions about their care. For example, one staff member told us about one person who didn't always want a wash when they visited. They explained it was the person's choice and they would offer again at the person's next visit later in the day. Staff were knowledgeable about how people preferred to be supported. For example, if people preferred a female or male member of staff to support. One person had expressed a preference for a female staff member to assist them with personal care and daily records confirmed only female staff supported the person.

People were supported to be independent. Care records reflected what people were able to do themselves and the areas where they might need support. For example, one person was able to wash their own hands and face but required assistance to wash other areas.

People told us staff were respectful of their privacy. Staff explained how they maintained people's dignity when they assisted them. For example, one staff member said, "I make sure the door's shut and they [person] are kept covered. It's what I would like, how I would like to be treated".

Senior staff carried out 'Dignity reviews' alongside regular staff spot checks to ensure that people were being cared for in a dignified way. Checks reviewed areas of care such as active listening, choice, control and privacy. Some staff had been identified as dignity champions through this process which meant they would promote and share good practice with other staff. We asked people and their relatives whether this work was having a positive impact. Comments included: "They really are very good, very respectful", "My [relative] is definitely respected, very dignified" and "My dignity is considered completely, really excellent. Wonderful staff".

People benefited from a service that respected the importance of equality and diversity. People's cultural and religious needs were identified at their initial assessment and this information was clearly recorded in their support plans. People were offered support to meet these needs if required.

People who may not be able to communicate verbally were supported by staff to understand their communication by body language and sounds. However, this information was not always recorded in people's care records which could have an impact on people in the absence of staff who knew them well.

Good

Is the service responsive?

Our findings

People told us they were involved in planning and decision making about their own or their care and support needs. Comments included: "We have reviews every now and then always ask what we want" and "I feel very involved thank you, get a chance to change things if needed".

People's care needs were assessed when they entered the service. Although the service received an assessment from social services, the registered manager or other senior staff visited the person and carried out their own assessment. This was to make sure there were no changes in the person's condition and to ensure that staff could meet people's needs. These assessments were used to develop care plans and guidance for staff to follow.

Staff were responsive to people's changing needs. For example, one person's risk of falling had increased due to having an infection. Staff had alerted senior staff promptly and information regarding this person's care and needs was updated in their care record in a timely way. All staff were informed about the changes in the person's condition and medicines. Staff we spoke with understood this person and the risk associated with their care. Staff were able to extend the time they spent on the visit if required. This ensured the person was kept safe and their care needs were met.

Peoples care record had detailed routines for staff to follow for each visit. This ensured people received the care they wanted in the way they wanted it. Staff completed records of each visit to each person. These provided key information on the care provided and the person's condition. Where complex care was provided the notes reflected this.

People's care was planned in a way to help protect them from social isolation. For example, a member of staff advocated for more time for one person as they could see they were becoming withdrawn and potentially socially isolated. This led to an increase in visits to support the person to socialise with their friends safely. One staff member told us, "It's been brilliant for them, back to their usual self". Staff were encouraged to spend time talking with people and care records detailed information about particular topics of conversation each person enjoyed.

People and their relatives knew how to make a complaint and were aware of the complaints policy. No-one we spoke with had needed to use the complaints policy, however people were confident complaints would be dealt with efficiently and effectively.

Requires Improvement

Is the service well-led?

Our findings

There were a range of quality monitoring systems in place to review the care and treatment offered by the service. These included a range of clinical and health and safety audits at both location and provider level. However, these systems were not always effective because they had not identified the issues we found during our inspection.

Although there was a registered manager in place, at the time of this inspection they were on a planned leave of absence from the service. Before the registered manager had gone on leave they had worked with another member of staff to support and train them to take over the running of the service in their absence. Support for the service was also delivered from the Head of Operations who spent some days each week at the services office supporting staff and monitoring the quality of the service. We discussed some of the issues we found during the inspection with the Head of Operations. They were open and clear about where improvements to the service were needed and what action they planned to take to make those improvements

People and their relatives felt the service was managed well. Comments included: "Seems to be run well, we have had no concerns", "Management seem ok, the carers are good so that tells you something" and "The managers have been easy to deal with, no issues".

Visiting professionals were complimentary about the management team. They felt the communication was good and the service was open and responsive to any changes that would improve people's wellbeing. Comments included: "I don't have any concerns about the agency, and will continue to liaise with them closely, as I believe this is very important in the service provision to clients", "Management have always communicated any concerns to myself and the team" and "Communication is generally very good with the Manager and Supervisors. Calls or emails are always responded to promptly".

Staff understood the values and ethos of the organisation and felt they worked to the services vision of supporting people safely and respectfully. Staff felt valued and there was an open culture within the service. Staff told us they were supported to raise any concerns and were confident these would be dealt with promptly and appropriately. Staff were confident the management team and organisation would support them if they used the whistleblowing policy.

There was a procedure for recording incidents and accidents. Any accidents or incidents relating to people were documented and any actions taken as a result of the incident were recorded. Incident forms were checked and audited by senior staff to identify any risks or what changes might be required to make improvements for people. These were also reviewed by the manager and Head of Operation to look for any trends or patterns and identify actions to reduce the risk of similar events happening again.

People told us the office staff contacted them on a regular basis and also sought their views about the service provided. This was done through telephone interviews and when spot check visits were carried out. The manager and other senior staff regularly supported people so they could seek people's feedback on an

ongoing basis. One person told us they had been asked for feedback about the service and had told the manager they did not feel their morning call was early enough for the medicines they received. They told us immediate action was taken. They said, "Now it's perfect. They (staff) are always there at time we agreed". The results of feedback was also reviewed at a more senior level within the organisation and compared with the providers other locations. The management team reviewed the results and took steps to maintain and improve the services performance.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The manager and some staff did not understand their responsibilities under the Mental Capacity Act 2005 (MCA) because they were not clear about the action they must take if the person did not have capacity to consent to their care. Regulation 11 (1) (2

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not done all that was reasonably practical to mitigate the risks to service users in relation to their care and treatment. Regulation 12 (1) (a) (b).