

Golden Key Support Ltd

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Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection the service was providing personal care to 20 people.

People's experience of using this service

People told us they received safe, timely care. People benefitted from consistent care workers who knew them well and received care from people who understood their communication needs and their language.

The service had made improvements in the management of medicines and how they managed risk. Risks to people's wellbeing were assessed, and this included when people had health conditions or behaviour which may challenge others. People's medicines needs were assessed and the service ensured that these were managed safely. Staff were safely recruited and enough staff were available to meet people's needs. There were appropriate processes to safeguard people from abuse and to learn lessons when things had gone wrong.

Care workers had access to protective personal equipment (PPE) and understood how to use this safely to reduce the risk of transmission of COVID-19. People told us staff used PPE appropriately and maintained social distancing to help keep them safe.

People's care was planned to meet their needs, and care plans were clear about people's preferences and how they communicated. People we spoke with gave us examples of how care workers communicated appropriately with their family members, including using objects of reference or Makaton when people were non-verbal. People were supported to access the community in line with their needs when this was part of their plans.

Managers had introduced enhanced systems of audit to ensure good quality recording and to review the quality and safety of the service and had implemented a suitable action plan to address previous shortcomings in the service. People told us that managers contact them regularly to review their needs and ensure they were happy with the service they received. Managers were clear with staff about their roles and responsibilities and used instant messaging and regular team meetings to ensure staff were kept up to date.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was requires improvement (published 17 December 2019).

Why we inspected

We carried out an announced comprehensive inspection of this service on 3 October 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 person centred care and good governance. We issued a warning notice regarding safe care and treatment.

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, Responsive 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 good. 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 Golden Key Support on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Golden Key Support 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.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. 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 held about the service, including the provider's action plan from the last inspection and notifications of serious events that the provider is required to tell us about. We contacted monitoring officers in three local authority areas where the provider operates and received a response from one of these.

We used all of this information to plan our inspection.

During the inspection

Inspection site activity took place on 23 February 2021. We spoke with the registered manager and the company director. We looked at records of recruitment and supervision for four care workers and records of

communications and audits. We reviewed records of care, support for four people and records of medicines management for three people.

After the inspection

We requested the provider send us additional information including key policies relating to governance of the service. We made calls to three people who used the service and nine of their family members. We also made calls to four care workers.

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 improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to assess and monitor risks to people using the service and ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We issued a warning notice regarding this breach of regulations.

At this inspection we found the provider had met this warning notice and was now meeting this regulation.

Assessing risk, safety monitoring and management

- There were improved systems for assessing risks to people's welfare. This includes risks to people from moving and handling tasks and risks from falling. The provider also assessed when people had health conditions which could be a risk to their wellbeing and identified actions to take should a person become unwell.
- There were improved risk assessments when people had behaviour which may challenge. Risk assessments covered activities that people were supported with, possible triggers for people's behaviour and some strategies for supporting people to become calm. Essential information was included in these, but there was scope to develop these plans further based on care worker's experience of working with people.

Using medicines safely

- People medicines' needs were assessed. People's risk assessments included information on what medicines they took, their understanding of how to manage medicines and the support they required with this. Where people required support to apply creams there was clear information on how to do this, including body maps to show which areas of the body creams should be applied to.
- Medicines administered were appropriately recorded. Most people managed their own medicines or did so with the help of family members. Where the provider administered medicines, this support was recorded on medicines administration recording (MAR) charts. These were correctly completed in line with people's risk management plans.
- There were improved systems for auditing medicines records. MAR charts were brought back to the office monthly and reviewed by the registered manager promptly. The registered manager ensured that key information was recorded, including that charts were fully completed and medicines given as needed (PRN medicines) were recorded appropriately.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. People told us they felt safe using the service. Comments included "They provide carers I feel comfortable with" and "I've observed them, I feel very safe." People we spoke with knew how to contact the office if they had concerns.
- There were appropriate systems in place to safeguard people from abuse. The provider had clear policies

and procedures to follow if abuse was suspected. Where concerns were reported the provider worked with the local authority to investigate these and take appropriate action. Staff we spoke with had received training in safeguarding adults and knew how to report concerns. Care workers were confident that managers would take their concerns seriously.

Staffing and recruitment

- Staffing levels were suitable to support people safely. Where risk management plans indicated two staff were required to support people records showed that this was in place.
- People told us their staff arrived on time as planned. Comments from people included "They are always on time", "They always turn up and do the hours they should" and "They are never more than 5 minutes late, and if they are they usually text or phone."
- Staff were safely recruited. The provider had obtained the required information on new recruits, including obtaining a full work history, evidence of satisfactory conduct, proof of identification and the right to work in the UK. Staff were subject to checks with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions. Processes emphasised the importance of obtaining two references for staff, and not the requirement to obtain evidence of satisfactory conduct in previous health and social care employment. This meant there was a possibility the provider would not obtain the evidence of satisfactory conduct they needed in future.

Preventing and controlling infection

- The provider took appropriate action to protect people from infection, including those related to the COVID-19 pandemic. Staff told us they received training in using personal protective equipment (PPE) and had access to this at all times. People using the service told us that staff worked safely with them, including wearing PPE and maintaining social distancing where possible.
- There were suitable policies to safeguard people from COVID-19. The provider had assessed risks relating to the pandemic and reviewed risk controls. Staff were also subject to weekly testing and there were procedures to support staff to self-isolate when necessary.

Learning lessons when things go wrong

- There were suitable processes from learning from incidents and accidents. These included recording what had occurred and to ensure that staff were informed of the results of investigations to prevent a recurrence. Where incidents had occurred relating to people's behaviour, the provider used these to identify potential triggers and take action to prevent a recurrence, such as putting a communication plan in place.
- There had not been any serious incidents since our last inspection. People we spoke with told us that they had not experienced any problems with the service, but one person told us "in the past I reported a problem with staff and they sorted it immediately."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to plan and record people's care to reflect their needs and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned to meet their needs. Care plans included details of what support people required and how they liked their care delivered. This included information on people's personal histories, living and family support arrangements. People told us they had copies of their care plans and were involved in its development.
- There was improved recording of the care people had received. Care workers completed records of the tasks they had carried out with people, and provided detailed information on people's wellbeing, their mood and information on what they had eaten and activities they had undertaken.
- The provider met people's needs through person-centred approaches. People's care needs were reviewed every month with a phone call to the person or a family member. People told us they benefitted from consistently receiving support from the same care workers. Comments included "I have one carer, I know her well and I'm very happy" and "As long as [named person] is the carer we are very happy, my relative loves him to bits."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the AIS. People's care plans contained detailed information on how they communicated. This included when people communicated with gestures or Makaton and people's preferred languages. People were routinely matched with care workers who spoke their languages wherever possible.
- People told us about their positive experiences of how care workers communicated with their family members. Comments included "[my family member] uses gestures to communicate and the carer has learned these", "The care worker has learned a few basic words of my language" and "They provide Bengali speakers so [my family member] can talk to them."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access the community where this formed part of their care plans. Plans included detailed information about where people liked to go and how best to provide this support.
- People told us they were happy with the support their family members received to access the community. Comments included "They play with [my family member], read books and go out to the park. They are still doing this during the pandemic as parks and playgrounds are open."

Improving care quality in response to complaints or concerns

- People told us they knew who to contact if they had a complaint or a concern. Comments included "I'd call the office and they surely do sort things quickly, I can recommend it to anybody, "I'd call the office and speak to [the director]" and "I'm confident they would look into it if we had a problem"
- There were suitable processes for addressing complaints. This included a clear framework for recording the nature of the concern and timescales for investigating and taking appropriate action in response to the complaint.

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 improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to conduct appropriate audits to ensure the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

- The provider had improved procedures for conducting audits. Medicines records and records of care were audited by the registered manager and there was a corresponding improvement in the quality of these records. Care plans were also reviewed to ensure they still met people's needs.
- The provider engaged appropriately with people to ensure they received good outcomes from their service. This included contacting people regularly to discuss the quality of their care and check that care was delivered in line with their lifestyle and their cultures. Comments from people included "They call and check you are OK, at Eid or Christmas they wish you greetings" and "They call me asking if I'm happy about the carers and if they are on time, they are really diligent." The registered manager ensured that people were supported by people who spoke their language.
- The registered manager engaged with care workers to ensure they were supported in their roles. Comments from staff included "They ask us if any issues and stay in regular contact" and "They really care for their staff". Managers used regular carer workers meetings to outline current standards and expectations and used instant messaging to ensure care workers were aware of their responsibilities and service priorities.

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

- The provider used regular office meetings to ensure key areas for development were acted on by the staff team. This included allocating tasks such as calls to service users and their families, distribution of personal protective equipment and the audit of key records relating to people's care.
- Managers used supervisions to ensure staff performance was satisfactory. Supervisions were used to review staff awareness of reporting processes, medicines policies and actions to take if staff could not attend calls. Spot checks were used to ensure that staff were working safely and using PPE in line with

current guidance.

- The registered manager had taken appropriate action in response to the findings of our last inspection report. The provider had identified the actions required to address the breaches in regulations and had implemented these appropriately. Where concerns had been reported from a local authority about the conduct of a care worker the provider had addressed these and shared their findings with the relevant parties.

Working in partnership with others

- The service worked in partnership with people's families to develop care plans. Care plans were clear about where responsibilities lay between the service and people's families. Family members told us they felt involved in this process.
- The service continued to share information with the local authority as required. This included reporting concerns about people's care and when changes to people's care packages were required. The service used the capacity tracker to update local authorities and the Care Quality Commission on the impact the COVID-19 pandemic was having on their service and any spare capacity the service had to support local systems. The service accessed mutual aid training and up to date information from the local authority to ensure care workers understood best practice in controlling risks relating to COVID-19.