

Golden Keys Care Agency Ltd

# Golden Keys Care Agency Ltd

## Inspection report

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16 May 2018  
21 May 2018  
23 May 2018  
06 June 2018

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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 16, 21, 23 May 2018 and 6 June 2018 and it was announced at short notice to ensure the registered manager was available.

Golden Keys Care Agency Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults in the local area. There were 49 people using the service at the time of this inspection.

This was the services first inspection. There was a registered manager in post. 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 received their care and support safely. Care workers understood how to support people and knew how to protect them from the risk of harm. The service recruited people safely and employed sufficient care workers to meet people's needs. People received their medicines safely as prescribed and the records were of a good standard. Care workers had a good understanding of how to minimise the risk of infection, they had been trained, and had access to personal protective equipment such as gloves and aprons.

People's care needs had been assessed and their care plans reviewed as their needs changed. Care workers were well trained and supervised and they knew how to support people effectively. People were supported to eat enough food, and drink sufficient fluids. When necessary, care workers ensured people's healthcare needs were met. The service worked well in partnership with other professionals to ensure that people received the health care support they needed.

The service worked in line with other legislation such as the Mental Capacity Act 2005 (MCA) to ensure that people had as much choice and control over their lives as possible. The service had carried out appropriate assessments in line with legislation.

People were supported by kind, caring and compassionate care workers. Their independence was encouraged as much as possible while minimising any risks to help keep them safe. People felt their care workers gave them the time they needed and respected their dignity and privacy. People and their relatives were very complimentary and said that care workers were trustworthy, professional and flexible. They told us they were kept involved in decision-making. Advocacy services were available if people needed them. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People received personalised care that was responsive to their needs and care plans and daily notes were detailed and informative. There was a good complaints procedure and people had confidence that any

complaints would be dealt with quickly.

People felt the service was well led. They knew who the registered manager was, and had confidence in them. Care workers were well supported and happy in their work. The quality assurance systems were effective and the registered manager learnt from audits and investigations and made the necessary improvements. Confidential information was stored safely in line with data security standards.

Further information is in the detailed findings below.

## 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.

People were safeguarded by the service's policies, procedures and practices, and risks were well managed.

There was a robust, on-going recruitment system in place and the service employed sufficient staff to meet people's needs.

The medication system was appropriate for the needs of people who required support.

The service had effective infection control measures in place and care workers understood their responsibility to report any accidents and near misses.

### Is the service effective?

Good ●

The service was effective

People were fully involved in the assessment process. Care workers received a good induction, had been trained and felt well supported.

Where people were supported to eat and drink, they had sufficient to meet their needs.

The service worked well with other professionals and provided people with effective healthcare support.

People participated in, and consented to their care and support.

Care workers had an understanding of the Mental Capacity Act 2005 and assessments had been carried out where required.

### Is the service caring?

Good ●

The service was Caring.

People were treated with kindness and compassion. Their privacy, dignity and independence was respected and promoted.

People and their families were fully involved in decision-making.

### **Is the service responsive?**

The service was responsive.

People received personalised care that reflected any changing needs. Care plans contained good information about people's likes, dislikes and life events.

There was an effective complaints system in place and people were confident their concerns were dealt with swiftly.

**Good** ●

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

The service was well led.

People knew the registered manager, and care workers felt well supported by them and shared their vision to provide good quality care in the community.

People were satisfied with the service overall and said they would recommend it to others.

There was an effective quality assurance system in place and people's personal information was protected.

**Good** ●

# Golden Keys Care Agency Ltd

## **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 checked 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 between 16 May 2018 and 6 June 2018. It was announced at short notice to ensure the registered manager was available. We telephoned people who used the service on 16 May 2018, visited people in their homes on 23 May 2018 and visited the office on 21 May 2018 and 6 June 2018. The inspection team consisted of one 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.

This was the service's first inspection. Although it was registered on 30 March 2017, it was not operational until November 2017. Before the inspection, we reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with 17 people, five of their relatives, a health and social care professional, the registered manager, the care coordinator and six members of staff. We reviewed six people's care files and seven staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, training records, medication system, care workers' rotas and complaints records.

## Is the service safe?

### Our findings

People repeatedly told us they felt safe with Golden Key's care workers. One person said, "I feel safe in my care workers capable hands." Another person told us, "My care workers always turn up and are very trustworthy." Other people said they felt 'at ease' with their care workers. There were policies and procedures in place and care workers had received training. They demonstrated a good understanding of how to protect people from the risk of abuse. One care worker told us, "I would make sure the person was safe and then I would report any concerns about abuse to the manager." Another care worker said, "I know I can phone CQC or the council if I am worried about any kind of abuse." People we visited were positive about their experience with their care workers. No safeguarding issues had been raised so we were not able to assess how the service dealt with them. However, the registered manager told us they would deal with them promptly to ensure that people were protected from the risk of abuse.

Risks to people's health and safety were monitored and managed to support them to stay safe, and respect their freedom. For example, people had personal and environmental risks assessed. There were management plans in place for people's mobility, allergies and falls. Care workers had been trained and had a good knowledge of individual's personal risks and described how they were managed.

People and their relatives had mixed views about care worker levels and punctuality. Some people said their care workers were always there at a reasonable time, whereas others told us they sometimes had to wait. One person said, "My care worker didn't come until 10pm yesterday and I don't know whether to take my pills or not." Another person told us, "They [care workers] come three times a day, and they stick to the same times so I always know when they're coming." A relative said, "It all works okay for my relative, they are always up, washed and dressed by 9.40am. They don't want to go to bed before 9pm so the care workers try to arrive between 8.30pm and 9.30pm and it normally works." Care workers told us they did their best to ensure people were visited within a half hour timeframe. They said they contacted the office if they were running extra late for any reason to ensure people were made aware.

The recruitment process was robust and in line with regulatory requirements. For example, there were Disclosure and Barring checks (DBS), identification and references on care workers files. The service employed a range of care workers from different cultures to ensure that they met people's individual diverse needs. The service's equal opportunities policy and practice ensured that care workers were employed fairly. Care workers told us their induction was thorough and it included shadowing a more experienced care worker until they were competent to work alone. One care worker said, "I have only been here a few months but I am really enjoying the work. I had an interview and worked with another care worker who had more experience than me." Another care worker told us, "I started work for Golden Keys a few weeks ago. I would say they are a very good agency who recruits staff properly. I had a good induction but I am a very experienced care worker so know how to care for people safely." The registered manager said that they were continually recruiting care workers and that there was a permanent advertisement on a well-known website. The employment records confirmed that the service operated a fair recruitment process.

Most of the people we spoke with took responsibility for their own medicines. Where people were supported

with their medication, it was clearly recorded in their care plans, and medication administration record sheets (MARs) were in place. Care workers had been trained, had access to guidance, and demonstrated a good knowledge of medication policies and procedures. People said they received their medication correctly and as prescribed. For example, one relative told us that their loved one was on medication where it was very important to take it on time. They said, "Time keeping is very important so they [care workers] come dead on 6pm every day for that, it's very good." The registered manager is a qualified nurse and trainer and they ensured that care workers had the knowledge and skills to support people with their medication.

People were protected from the risk of infection. They told us that their care workers used fresh protective clothing such as gloves and aprons. People said they were confident that their care workers took infection control seriously, as they always wore clean uniforms and protective gloves. There were policies, procedures and risk assessments in place for the prevention and control of infection. Care workers had been trained, and demonstrated a good understanding of how to control the risk of infection.

Care workers understood their responsibility to record all safety incidents and near misses. The registered manager monitored accidents and incidents and analysed the information, which was shared with care workers at regular meetings.

## Is the service effective?

### Our findings

People's needs had been fully assessed, by both the commissioning body and the agency before the service started. People and their relatives said they had been fully involved in the assessment process, and the records confirmed this. One relative said, "At the beginning they came out to assess my relative, they were very helpful, they listened to us and what we needed and they've provided it exactly." Another relative told us, "They've been great; they've given us just what was promised they would." The assessment process included people's likes and dislikes and preferences. People told us, and the records confirmed that their care plans and risk assessments were reviewed and updated to meet their changing needs.

Care workers told us, and the records confirmed, they were well supported and received regular supervision. There were systems in place for monitoring care workers conduct, behaviour and practice and to assess their learning. One care worker said, "I feel really well supported and know that I can ask the registered manager or care co-ordinator for help and advice if I need it." Another care worker told us, "We have regular spot checks to make sure we are doing things right. I have regular supervision and can share anything with the manager."

Care workers told us that they had received a good induction and that their training was good. The registered manager said, and the records confirmed that care workers had received a range of training to meet the needs of people currently using the service. One care worker told us, "We have practical moving and handling training and DVD training where we complete a workbook. I like the flexibility of the DVD training." We saw that there were DVD training materials available, when needed, for more service specific subjects such as dementia, bereavement and mental health. People felt their care workers were well trained. One person said, "They [care workers] all seem to know what they are doing. They are very helpful." Another person told us, "When I had a first-timer, they kept asking lots of questions, which was a bit annoying but I suppose they were only trying to get things right for me." Other people's comments included, "Professional staff." "Know what I need." And, "Very knowledgeable." A relative said, "All of the care workers [person's name] has are very good and know what to do and how to do it."

Most of the people we spoke with told us their care workers did not provide meals for them. However, one person said, "They [care workers] don't generally provide a meal for me but if I'm not feeling good, they're happy to do some food for me." Care workers told us that when they did support people with meals it was mainly microwave dinners and sandwiches, snacks and drinks. One person said, "I have ready meals but they'll give me a choice, and cook it nicely for me they don't leave my kitchen in a mess either." A relative told us the service was very flexible. They said, "The other day our care worker came back at 3pm to help my loved one eat their meal, just to help me out."

People received appropriate healthcare support. One person told us, "They [care workers] are very observant, and on the ball and will notice if something is wrong. Once they called the doctor for me because they felt I needed it. They asked me if it was okay to do so first. They are very helpful." A relative was very complimentary about the health care their loved one received. They said, "[Person's name] has two broken arms at the moment, and one is heavily bruised, they [care workers] check it every day." The care co-

ordinator told us that they had helped people with their health concerns by contacting GP's and district nurses when required.

The registered manager and care workers worked well in partnership with other organisations to ensure that they delivered effective care and support. They had got to know people quite well and demonstrated good communication when liaising with other professionals such as GP's, district nurses, social workers and hospitals.

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. We checked whether the service was working within the principles of the MCA. Care workers had an understanding of how to support people to make decisions. Mental capacity assessments had been carried out, where necessary, to ensure that decisions were made in people's best interests in line with legislation. People had been fully involved and had given their consent and had signed their care plans to confirm this. They told us that staff always asked them for consent before carrying out any tasks.

## Is the service caring?

### Our findings

People and their relatives repeatedly told us that care workers were kind, caring and considerate. One person told us they were given three bunches of flowers for their birthday recently. They said, "The care workers are so nice, my house looked like a flower shop." Another person told us, "They're very nice, polite and friendly, they all seem fine to me." Another person said, "My main care worker is brilliant, they could not be better...they are the most wonderful person." Another person told us, "They [care workers] treat me very well. They have to do everything for me, but they don't make me feel uncomfortable...they talk to me and explain what they're doing." One relative said, "The care workers are very kind and pay attention to my relative's condition, and how they feel. They also care about me, and notice if I'm not okay, they'll tell me to have a sit-down and offer me some toast too."

Care workers talked about people respectfully and people said that they were treated with dignity, and their privacy was respected. People and their relatives told us, and the records confirmed, they were kept fully involved in decision-making. They said that their opinions and views were sought on a daily basis.

People were encouraged and supported to maintain their independence as much as they were able to. One person said, "My care worker goes out of their way to help me. They come early so I can be ready for the day." Another person told us, "I value my independence but couldn't cope without my care worker. If I was on my own, I'd be likely to fall. I have the same care worker most of the time; I'd give them 11 out of 10!" One relative told us, "They [care workers] try to encourage my relative to do what they can for themselves, but they don't push them too much."

Although none of the people currently using the service required an advocate, there were advocacy services available should people need them. People told us their relatives were fully involved in their care and would advocate for them, if necessary. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. They help ensure that people are not discriminated against on any grounds such as their protected characteristics under the Equality Act.

## Is the service responsive?

### Our findings

People told us they received personalised care that was responsive to their needs. Their care plans had been developed from the assessment process, and reviewed when necessary. The registered manager said that care plans would be reviewed at least every six months or sooner as required. We could see that reviews and spot checks had taken place and people told us their care plans had been amended to meet their changing needs.

Information was available in a range of formats such as large print and easy read to ensure it was accessible for people's individual needs. People and their relatives continually told us that communication was good. One person told us, "I never feel rushed and they [care workers] always include me in the conversation, they would never talk over me." One relative said, "The office is very helpful, they will change my relative's times if we need it for any reason." Another relative told us, "Communication is very good. If they need anything, they will ring us. They also make helpful suggestions to make life better for my relative."

The care plans contained some basic history about peoples' past lives. For example, their marital status, their close family and friends, and the nature of work they had done during their lives. People said that their care workers were chatty and care workers told us this information helped them to get to know people better. For example, one person said that their care worker was very responsive to their cultural needs. They told us, "I asked my carer to pray with me at night, and they are happy to do that, it makes a real difference to me. It is a wonderful end to my day. I am grateful that they respect and understand my faith."

People told us their concerns or complaints were taken seriously and acted upon. One person told us that if they had a problem they would ring the office and the care co-ordinator would sort it out without any fuss. One relative said, "I had to phone the office on a few occasions about things, they've always been very helpful and resolved the matter. The care coordinator has given me their card and direct number. They are always happy to give us any information we need." There was a clear complaints policy and procedure in place and care workers and people using the service knew how to use it.

## Is the service well-led?

### Our findings

There was a registered manager in post. People and their relatives knew who the registered manager was and said they were confident in their ability to provide good quality care. They told us they felt the service was well led. Care workers said they felt well supported by the registered manager and told us she was always available at the end of the phone if they needed help or advice. They said they shared the registered manager's vision to provide people with good quality person centred care. One care worker told us, "The registered manager provides support and training and they are a nurse so have a lot of knowledge about health conditions." Another care worker said, "I am studying for a care qualification and the manager is supporting me to do this. I am very happy working here."

People using the service and their relatives described care workers as, 'professional', 'capable', 'trustworthy', and 'flexible'. They said they would recommend the service to others. One person told us, "I really don't think the service could improve on anything as far as I am concerned I am thoroughly satisfied." Another person said, "It all works well for me and I would recommend them." Relatives told us that the service communicated well and provided the level of care people needed. The service worked well in partnership with other organisations such as GP's specialist nurses, social workers and the hospital.

The service has been operating since November 2017 and had not yet carried out any quality surveys. However, they had sought people's views during spot checks and telephone monitoring. The registered manager told us that annual surveys would be carried out in addition to the monitoring calls and spot checks. They said this would ensure they obtained the views of all interested parties, and enable them to continually learn how best to improve the service. There was a quality assurance system in place where audits and checks of care plans, risk assessments, medication administration sheets (MARs) and care workers' files had been completed. Regular team meetings had been held where a range of issues had been discussed such as care practice, late or missed calls, and record keeping. Care workers told us that they participated fully in the team meetings and had plenty of opportunity to discuss any matters.

There were clear whistle blowing, safeguarding and complaints procedures in place and care workers knew how and when to implement them. They described the actions they would take and told us how they would document them. This meant that care workers would report any concerns to ensure people were kept safe.

People's personal records were stored securely in locked cabinets and on the computerised system that was password protected. The service had policies and procedures in place for dealing with confidential data. Care workers had received training in the Data Protection Act and confidentiality during their induction. They were aware of who they could, and could not share confidential information with. This ensured that people's confidential information was protected in line with data security standards.