

Goldstar Care Services Limited

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## Inspection report

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Website: [www.goldstarcareservices.co.uk](http://www.goldstarcareservices.co.uk)

## 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

This inspection took place on 2 October 2018 and was announced. There was no previous inspection since the service was registered with us in July 2017.

Goldstar Care Services Limited provides care and support to people living in their own home. Not everyone using Goldstar Care Services Limited receives regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our service, there were 18 people using the service, 13 of whom were receiving personal care.

There was a registered manager in place. 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 spoke positively about the care and support they received from the service and had no concerns about their safety. People who used the service were protected from the risk of abuse because the provider had taken steps to identify the possibility of abuse and prevent abuse from happening. Risks to people and staff were assessed and were reviewed regularly.

The provider undertook all necessary employment checks before newly recruited staff started employment. People were supported by sufficient numbers of staff to meet their individual needs. They were visited by the same group of staff who knew their needs.

The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again. People received their medicines safely as prescribed by their GPs.

People were cared for by staff who were supported to deliver care safely and to an appropriate standard. Staff received regular supervisions with the registered manager to discuss their care practice and identify training needs.

People and their relatives were involved in the assessment and planning of their care and support. Each person had a care plan outlining how staff needed to support them. The care plans were personalised to reflect each person's preferences, choices and lifestyle. These were regularly reviewed and updated by the registered manager.

People were offered support in a way that upheld their privacy and dignity. They were treated with compassion by staff who knew them well and they encouraged to be as independent as possible.

Staff had undertaken training to support people who did not have capacity to make their own decisions.

They were aware of the Mental Capacity Act 2005.

People were supported to eat and drink sufficient amounts to meet their needs. They were encouraged to participate in activities that were meaningful to them.

There were systems in place to monitor the quality of the service and to identify shortfalls or areas for improvement. People who used the service, their representatives and staff were asked for their views about the service and they were acted on. The provider had a process in place to review complaints and comments to improve the service.

## 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 from abuse or harm and staff understood how to keep them safe.

Risks associated with people's care and support were assessed, and measures put in place to ensure their safety.

Staffing levels were sufficient to meet people's needs. The provider had a robust recruitment system was in place.

People received their medicines as prescribed and medicines were managed safely.

Systems were in place for the monitoring and prevention of infection.

### Is the service effective?

Good 

The service was effective.

System were in place to assess people's needs before they started to use the service.

The provider had a comprehensive programme of induction, training and supervision for staff so they were supported to provide effective care.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005. Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People were supported to maintain their hydration and nutrition. They had regular access to health and social care professionals. Staff responded when people's health needs changed.

### Is the service caring?

Good 

The service was caring.

People were treated with respect by staff who knew their needs and preferences and they were able to make choices about their care and their views were taken into account.

Staff supported people to maintain their independence where possible and their privacy and dignity were maintained.

Information about people was treated confidentially.

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

**Good** ●

The service was responsive.

People received personalised care, which was recorded in their care plans and reflected their wishes and preferences.

People were supported with their interests and hobbies and links were forged with the local community.

A system was in place to tell people and their representatives on how to make a complaint and how it would be managed. Where concerns had been raised, appropriate action had been taken to resolve the issues.

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

**Good** ●

The service was well led.

There was an open culture within the service, which was focussed on people. Staff and relatives felt they were able to approach the registered manager if they had any issues to discuss.

Staff were clear about what was expected from them and had access to policies and procedures to inform and guide them.

There was a system in place to check if people were satisfied with the service provided. The provider welcomed suggestions on how to improve the service.

The registered manager carried out regular audits to monitor the quality of care people received and to drive improvements.

# Goldstar Care Services Limited

## **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.

This inspection took place on 2 October 2018 and was announced. The provider was given 24 hours' notice because we needed to be sure that members of the management team were available to assist us with the inspection. It was carried out by one inspector.

Before the inspection we reviewed information we held about the registered provider, including previous notifications and any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law.

We also received a Provider Information Return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During our inspection, we spoke with the registered provider, the care coordinator and one relative who was visiting the service. We looked at three people's care plans, three staff recruitment files, staff rotas for the last four weeks, and medicine administration record (MAR) sheets.

We also looked at other records relating to the management of the service such as meeting minutes, health and safety records, quality assurance audits, satisfaction surveys, staff training and procedures of the provider.

After the inspection, we spoke with two people who used the service and two relatives on the telephone to seek their views about the service. We also contacted three members of staff to ask them questions about

their roles and to confirm information we had received about them during our inspection.

# Is the service safe?

## Our findings

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff were trained and had a good knowledge of how to safeguard people. When asked they were able to describe to us how they would identify signs and types of abuse, as well as knowing what to do if they had any concerns. One member of staff told us, "If I have any concerns about someone I will inform my manager."

Staff were aware of the safeguarding adult's policies and procedures. We saw this topic was discussed when staff had their one to one meetings with the registered manager as well as during team meetings. One person told us, "I feel safe when the carer is around."

The registered manager understood how to protect people by reporting concerns they had to the local authority and the Care Quality Commission (CQC). Records showed that safeguarding concerns had been reported to the local authority safeguarding team accordingly.

There was also a whistleblowing policy which guided staff on how they could raise concerns about any unsafe practice. Staff understood the process for reporting concerns and escalating them to external agencies if needed. However, they felt confident that any concerns they raised internally would be listened to and fully investigated to ensure people were protected. Whistleblowing is the term used when a member of staff passes on information concerning wrongdoing.

We found that the registered manager had undertaken individual risk assessments for people who used the service. Potential risks about people's safety within their home were assessed to ensure they were supported to remain as safe as possible. The risk assessments were informative and gave guidance to staff on how to support people. For example, one person had been assessed as being at risk of fall. The guidance gave staff sufficient information on how to minimise this risk. The registered manager regularly reviewed and updated the risk assessments as required to take into account changes in people's needs, for example, when someone had been discharged from hospital. We saw that the environment where people lived, had also been assessed for the safety of people as well as staff working of the service.

Records showed that accidents and incidents were recorded in details and these were investigated by the registered manager to prevent or minimise them from happening again.

The registered manager carried out all relevant checks before new staff began work at the service. They had an effective recruitment and selection processes in place. We saw on each staff personnel files, there was a checklist that set out which checks had been done and a date was included against the process as it had been completed.

We found that new staff had been interviewed; application forms completed, appropriate forms of identity checked - such as passports and birth certificates, two written references and enhanced Disclosure and Barring Service (DBS) were undertaken. These checks identified if prospective staff had any criminal

convictions or were barred from working with people using the service.

The registered manager ensured that they employed enough staff so that people were given safe care at all times. Staff told us there were enough of them to care for people safely. One person said, "I am very happy with [staff]. They always come on time and help me." The registered manager mentioned that people's visits were covered by the same group of staff and records we saw confirmed this. Relatives also told us that their loved ones were visited by the same staff and these arrangements provided consistency for them. One person told us, "I have the same carer all the times, they are doing a great job."

People were satisfied with how their medicines were managed. Where people had requested, they received support from staff with their medicines to ensure they were managed safely. One person told us, "The carer reminds me to take my medicines."

Staff had received appropriate training to ensure they were competent to administer medicines. Details about what medicines people were prescribed were within the care folders. This ensured people receive their medicine consistently and safely. The registered manager regularly checked the staff competency, knowledge and understanding of the safe administration of medicines.

The provider had systems in place regarding the prevention and control of infection. Staff were provided with personal protective equipment such as aprons and gloves, this helped to minimise the risk of infection. They had received training in infection control and knew their responsibilities in this area.

## Is the service effective?

### Our findings

Before people started using the service, the registered manager carried out a detailed assessment of people's needs. The assessment covered a number of areas such as mobility, capacity to consent, communication, any spiritual or religious needs and past histories. We noted that people and their relatives were involved in the process. The assessment process was comprehensive. The service also received information from other health and social care professionals involved in people's care and support and this helped to make sure they had the most up to date information on the person.

People were supported by staff who had received appropriate and relevant training. Staff were trained in areas which were relevant to their roles, such as health and safety, moving and handling, infection control, safeguarding, record keeping and governance and food hygiene. Staff felt they received the support they needed to carry out their duties and commented positively about training provided to them. One person told us, "The staff do a good job." A relative said, "The carers have a good understanding of [family member's] needs. They are dependent on them."

Staff had completed the Care Certificate. These are set of standards that social care workers must complete and adhere to in their daily working life. The standards are achieved through assessment and training so that staff can gain the skills, they need to work safely with people.

The registered manager kept a training record for each member of staff and this helped them to check if staff had completed all their training. Where needed staff received refresher training to keep themselves up to date with their skills and knowledge. We noted that the registered manager arranged refresher training for staff on a regular basis. Staff were offered the opportunity to obtain further qualifications appropriate to the work they performed. They described the training they had received as very informative.

The service had an induction programme for all new staff when they started working for the service. The induction covered a number of areas which included staff roles and responsibilities and familiarisation with the needs of the people that the staff would be supported. They also accompanied more experienced staff to shadow them during their visits. This helped to ensure new staff were aware of the care and support people needed and how to meet them. One member of staff told us, "When I did my induction, I went out with other staff until I was confident to work on my own."

Staff felt supported and were given opportunities to discuss their learning and development with the registered manager. We saw they had received regular one to one meeting with the registered manager where a range of issues were discussed, including staff training needs. Staff confirmed that they received regular supervision and found those meeting very helpful as they were provided with guidance about their practice as needed. This showed that the registered manager regularly assessed the staff's ability to meet people's needs and that they worked to an appropriate standard.

Where staff had worked for the service for more than 12 months, we noted they had received an appraisal where the registered manager reviewed their work performance and identified any areas for development.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were compliant.

We saw people were supported to make decisions about their care and provided consent. Where people lacked the capacity to make a decision the registered manager followed the principles of the MCA. They were familiar with the processes. Staff had received training to enable them to understand the requirements of the MCA. They told us that they always ensured they gained the consent from the person before carrying out any tasks. They were aware that people could refuse to be assisted with a task and they respected their wishes. This was confirmed by people and their representatives who spoke with us.

Where people needed support with eating and drinking, this had been assessed and recorded. Staff encouraged people to eat healthily. They were aware of the dietary needs of people for example, if a person was not allowed to eat certain food products due to their medical condition. Staff knew what people liked and disliked eating and acted in accordance with their wishes. One member of staff told us, "[Person] like to eat 'roti' [flat bread]." This showed people were supported to maintain nutrition and hydration.

People were supported to maintain good health. Where people required it, the registered manager sought healthcare advice and support for them from external professionals such as GP's or occupational therapists. We saw evidence that the registered manager had regular contact with other professionals, for example, where one person's mobility had reduced, they sought advice from the physiotherapist department. When people requested them, the registered manager also booked their GP's appointment for them. Staff also accompanied people to their health appointments as needed.

## Is the service caring?

### Our findings

People told us they were supported by kind and caring staff. They said staff were helpful and patient when supporting them. One person told us, "The staff are friendly and very caring."

As people had regular staff they had got to know them well and had developed a good working relationship with them. One relative told us, "[Person] looks forward for the carers to come."

People's religious and cultural needs were understood and catered for by staff. For example, people went to their places of worship on a regular basis with the help of staff. The staff treated everybody equally. People had equal opportunities, regardless of their abilities, their background or their lifestyle.

Some people who used the service spoke other languages apart from English. We positively noted that some staff also spoke the same languages that the people spoke. This helped people to express themselves clearly in their own language and staff to meet their needs fully as there was no language barrier. One person told us, "It helps when the carers speak the same language."

Staff promoted people's independence by encouraging them to do as much as possible for themselves. People's independence levels were recorded in their care plans. One staff member told us, "I encouraged [person] to do their own laundry."

Staff ensured that people's privacy and dignity were protected. For example, one staff member said, "I close the doors and draw the curtains before providing someone with personal care. If there is any family member in the room, I will ask kindly to leave when I am attending to them." People told us that staff treated them well and called them by the preferred name. Most staff called people as 'uncle' or 'aunty' as a mean of respect for the people they looked after. This showed that staff respected people's wishes and preferences.

The service had staff who were dignity champions. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, and that care services must be compassionate, person centred, as well as efficient. The dignity champions shared their knowledge with other members of staff. This helped staff to support people in the same way as they would for a member of their own family.

People and their relatives told us they were comfortable around staff that came to see them. Staff had a good understanding of the care needs of people. They were able to tell us what people routines were and how to support them. People were encouraged to exercise choices on how they wanted to be supported. One relative told us, "The service was flexible and always do their best to meet our request." They went on to tell us that they could ask for staff to visit earlier or later.

Staff were aware of the importance to maintain people's confidentiality. They knew that they should not share people's personal information with anyone, unless they had the right to have that information. One member of staff told us, "I should not disclose information about the clients without their consent." The

provider had policies and procedures around confidentiality.

People and their relatives were given sufficient information by the service about their care and support. Records showed people were involved in how they wanted to be supported and the time they wanted the staff to visit. Each person's care plans had information about how they communicated and how they should be supported to make decisions.

## Is the service responsive?

### Our findings

Comments from people and their relatives were positive, indicating that staff were kind and caring in meeting their care needs. One person said, "The staff are very caring and very affectionate."

From the information gathered during the assessment process, the registered manager developed a care plan for staff to follow with the involvement of the person. Relatives confirmed that they had also been involved in every discussion concerning the family members care plans. This meant that the service was providing person centred support to the people in their home.

We found the care plans covered a number of areas of the person's care such as, communication, mobility, behaviours, medicines, any medical conditions, and eating and drinking. Each person had an individual care plan which contained detailed guidance about the support they needed from staff. The care plans were focussed on areas of care people needed. For example, one person needed help with certain tasks as they had a medical condition that caused them to be in pain. This was recorded in their care plan. In another care plan we saw staff had been provided with guidance on how to support one person who may become breathless at times.

Staff told us that the care plans helped them to meet people's needs fully as they gave comprehensive details the support people required. They were knowledgeable about people's needs as they were able to describe them to us when we discussed the needs of a specific person who used the service with them.

We saw the care needs of people using the service were reviewed regularly and their care plans were updated accordingly. Staff always informed the registered manager when a person's needs had changed. This meant that people's ongoing and changing needs were kept under review.

There were daily records that recorded information about people's daily routines and what support the staff had provided to people on each visit. This helped to ensure staff were kept up-to-date about the needs of people who used the service. However, we noted the information recorded could be written in more detail which the registered manager agreed to look into and discussed with staff. Following our inspection, the staff confirmed that the registered manager had discussed this issue with them.

People's social and emotional needs were taken into account. They were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. The registered manager ensured that people maintained good links in the community and they had personally organised events where all people who used the service were invited to. They had also arranged "days out" for people and took them to visit their places of worship in other part of the country.

People were provided with information about various day centres and voluntary organisation if they wanted to join. Staff took one person to the cinema, shopping, and their place of worship every Tuesday. They also support three people to attend day care centres.

The provider had a process in place to review complaints and comments to improve the service. People and their relatives told us that they knew how to make a complaint and felt confident to do so. One relative said, "I would speak with the manager if I was not happy about something." Another relative mentioned they were confident that the registered manager would deal with any issues effectively.

The registered manager had an open culture that allowed people to express their views and concerns in a safe and understanding environment. We saw records were kept of complaints that had been received, details of the investigation and their response. Where complaints had been received, we saw the registered manager acted promptly and met with all the parties concerned to come to a resolution. People and their representatives were happy with the service and did not raise any concern with us. Staff told us if a person raised any concerns or complaints, they would inform the registered manager so that they could look into them.

## Is the service well-led?

### Our findings

People and their representatives felt the service was managed well. One person told us, "It is a very good agency." One relative said, "I am very happy with this agency compared to the last one I was using." Staff also felt the service was managed well and it was a good place to work. One member of staff told us, "I love working for this agency."

The registered manager had been in post since the service was registered in July 2017. They operated an 'open door' policy and were in regular contact with people, relatives and staff to ensure the service ran smoothly. People, their relatives and staff felt confident to discuss any issues they might with the registered manager. One person said, "The manager is very good." A member of staff told us, "They are an excellent manager." A relative described the registered manager as "very efficient and transparent."

The registered manager was aware of their responsibilities to inform us of any notifiable events such as a recent safeguarding referral they had made to the local authority. This helped us to see what actions they had taken or if we needed to follow up on any information they had sent us. If we requested any further information from the registered manager regarding a notification, they responded promptly.

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The registered manager had policies and procedures in place and they were updated and reviewed as necessary, for example, with the introduction of the General Data Protection Regulation (GDPR). GDPR is a regulation on data protection and privacy for all individuals within the European Union (EU) and the European Economic Area (EEA).

We saw the registered manager held regular staff meetings. Staff felt these meeting were helpful. This gave staff an opportunity to share any ideas for the development of the service and to discuss any concerns they might have.

There were quality assurance systems in place to monitor and drive improvements. The registered manager used satisfaction surveys and phone calls to gain people's views about the service. They also used spot checks to monitor staff practice and performance. Where they had identified any shortfalls, these were address quickly such as staff not having an identity card for the service.

From the recent satisfaction surveys completed by people who used the service and their relatives, we saw the feedback was positive with regards to the care and support being provided by the service. The registered manager analysed the feedback that they had received and this helped to improve the quality of service provided as needed. We saw one person commented about staff using their phones whilst on duty. The registered manager took action and spoke to staff and reminded them that they should only use their

phones in an emergency.

The registered manager carried out audits to ensure the service was operating to the required standards. For example, they checked the MAR sheets to ensure people had received their medicines as prescribed. They also monitored staff training, and people's care plans. We saw where areas for improvement had been highlighted, this was acted upon. For example, when a member of staff had forgot to sign the MAR sheet.

From records we sampled, we saw that the registered manager had good links with several health care professionals. They were able to seek advice from them regarding people's needs thus ensuring they were fully met. They were also a member of an organisation which provided a platform for senior health and social care professionals to come together to forge new partnerships.