

Goldleaf Homecare Limited

Goldleaf Homecare

Inspection report

43a Highbridge Street
Waltham Abbey
Essex
EN9 1BZ

Date of inspection visit:
30 April 2019
01 May 2019
03 May 2019

Date of publication:
10 June 2019

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

About the service: Goldleaf Homecare is a small domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of inspection 35 people were using the service.

People's experience of using this service:

There were systems in place to help make sure people were protected from the risk of abuse. Staff were aware of safeguarding procedures and understood how to protect the people they supported. Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe. When people were at risk staff had access to assessments and understood the actions needed to minimise avoidable harm. There were always sufficient staff deployed to meet people's needs.

Staff underwent relevant pre-employment checks that assured they were suitable to care for people made vulnerable by circumstances in their own homes.

Medicines were administered and managed safely by trained and competent staff. Senior staff carried out monthly audits of Medicine Administration Records (MAR).

People were supported by staff who had the necessary skills and knowledge to understand and meet people's needs. Staff felt supported and had access to training relevant to their roles. People were supported to have sufficient amounts to eat and drink. Their care plans contained information about food and drink. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff had formed positive caring relationships with people who used the service and their relatives. People were supported to remain as independent as possible due to staff knowing people's individual likes and dislikes. Staff were mindful to support people in a way which maintained their dignity and upheld their right to privacy.

There were quality assurance and auditing processes in place and they contributed to service improvements. The registered manager provided clear and direct leadership to staff who had a good understanding of their roles and responsibilities. There were effective governance arrangements. There were systems to assess and monitor all aspects of the service.

Rating at last inspection: At the last inspection the service was rated as good (published 04 October 2016).

Why we inspected: This was a planned inspection based on the previous rating. The service remains good.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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

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 remained Good.

Good ●

Is the service effective?

The service remained Good.

Good ●

Is the service caring?

The service remained Good.

Good ●

Is the service responsive?

The service remained Good.

Good ●

Is the service well-led?

The service remained Good.

Good ●

Goldleaf Homecare

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector and an expert by experience formed the inspection team. 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: Gold Leaf Homecare is a domiciliary care agency. It provides personal care to adults 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 48 hours' notice of the inspection visit because it is a care agency. We needed to be sure someone would be available to speak with and show us records. Inspection site visit activity started on 30 April 2019 and ended on 03 May 2019.

What we did: Prior to the inspection we gathered and reviewed information we held about the service including statutory notifications we had received. Statutory notifications notify us of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern. We reviewed the provider information return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report. We also carried out phone calls to people and their family members.

During the inspection: We visited the office and spoke with the registered manager, the operations manager and three care staff. We looked at five people's care records to see how their care and treatment was planned and delivered. Other records looked at included three recruitment files to check suitable staff

members were recruited and received appropriate training. We also looked at records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe and protect them from safeguarding concerns.
- The provider was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people safely. Risks were well managed. Risk assessments were in place for people, which described potential risks and the safeguards in place to reduce the risk.
- People told us they felt safe using the service. One relative told us, "Yes we feel (family member) is safe even if we weren't in the house when carers came."

Staffing and recruitment

- The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff.
- People and family members told us staff were usually on time. They told us that any occasion where staff were late, it was within reason or they were notified in advance.
- A staff member said, "My round is good. It feels really relaxed there is no pressure, I can get everything done, with time to chat and time for extras. If I am relaxed so are they."

Using medicines safely

- Medicines were managed safely. People told us they got their medicine on time and when they needed it. Only trained and competent staff administered medication. One person told us, "Each day the carers ask me if I am up to date with my meds."
- Senior staff audited medicines records regularly.

Preventing and controlling infection

- Everyone we asked told us aprons and gloves were worn by staff.
- Senior staff carried out regular spot checks to ensure staff were following the provider's policies and procedures correctly.

Learning lessons when things go wrong

- The provider had effective systems in place to monitor accidents and incidents and to learn lessons when things go wrong to prevent them from happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were completed prior to joining the service to ensure their needs could be met.
- The initial assessment included people's care needs, what they wanted from their care visits, and other relevant information such as their medical and life histories.

Staff support: induction, training, skills and experience

- New staff completed an induction to the service, which included the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.
- The newly recruited operations manager had taken over responsibility for training and delivered most of the training sessions face to face. A staff member said, "It is one on one training here so it was easier to understand, [operations manager] explained everything."
- Staff were supported with regular supervision and appraisals. A staff member told us, "They are putting me through for level three diploma and they have seen potential in me and pushed me. It is quite overwhelming the opportunities I have had so far. Another staff member said, "We have supervision and staff meetings, I talk to [operations manager] all the time."

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

- Staff supported some people with their dietary needs as required. Records described the support people required with meal preparation.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs. People were supported to access healthcare services, as necessary.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.
- People had signed records to say they agreed with their care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. One person told us, "Carers chat with me." A relative said, "The regular carer is delightful, [family member] gets on well with [staff], they are lovely. The other relief staff have all been very good and helpful too." Another relative said, "They are very kind to [family member]. They get on very well with the carers and they always chat with them – if you could hear the laughter."
- Staff understood the importance of developing good relationships with people. One staff member said, "We get time to sit and have a cup of tea and I have already built up good relationships." Another staff member said, "We are lucky with the people we have, they are lovely. We want them to feel comfortable, we want them to look forward to us coming in."
- People's life histories, religious and spiritual needs were recorded in their care plans to provide guidance to staff.

Supporting people to express their views and be involved in making decisions about their care

- People's preferences and choices were clearly documented in their care records. For example, how they wanted their care and what they liked and disliked, their preferred meals and drinks.
- Staff sought people's views and involvement in their care. One member of staff said, "We do their routine how they want it. They tell us how they like it and we do it."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff. One relative told us, "The carers are really nice and look after [family member] as they like. They knock on their door, they even give [person] a facial spa as an extra. They have improved over the last three weeks. So far so good – we are really happy."
- Independence was encouraged with people by staff. One staff member said, "Person I go to, washes their own face, I get the flannel and they do this themselves. I always encourage people to do what they can do."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. One relative said, "[Family member] has dementia and they know who the two regular carers are now. They are good company for [family member] and will chat and interact with them which is what they need." Another relative said, "I am the main carer and was unwell recently and the carer said, "leave the beds to me". I was able to increase the support from the company and I am now able to reduce it."
- Staff were knowledgeable about people and their needs. One staff member said, "Care plans are very clear and tell me exactly what people want. [Named person] likes their remote control left dead in line and their drink turned a certain way. They love it that they do not have to keep repeating themselves as we know them now."
- Care plans were personalised and reviewed regularly. One relative said, "[Family member] has been with the company three weeks and the views of [person] and us were all considered when the care plan was drawn up."
- People were given information in a way they could understand and care plans described the level of support they required with their communication needs. The registered manager told us one person whose first language was not English was supported by staff who could speak the same language.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. Systems were in place to ensure complaints were acknowledged, investigated and responded to.
- Most people told us they had not had cause to complain. However, one person told us they were in contact with the service to resolve previous communications issues and told us things had been resolved.

End of life care and support

- The provider had processes in place to support people who required end of life care and support. Care records considered whether people had any specific requests about end of life care.
- There were no people using the service who required this level of support at the time of our inspection.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and family members were positive about the service. One person told us, "The management have visited and have checked all is OK. I have no complaints to make." A relative said, "I am very happy with the company – our views were taken into account when the care plan was originally set up. We also get notified usually, if there is any lateness or relief staff coming in."

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

- The registered manager had recruited an operations manager to provide additional support to oversee the service.
- Quality assurance processes had been strengthened and senior staff carried out checks to ensure the quality of care was monitored. For example care plans, medication records and risk assessments were checked and reviewed regularly.
- Spot checks on staff's performance took place on a regular basis so the provider could identify any areas for improvement in staff practice.
- The registered manager and staff understood their roles and responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others:

- Quality assurance visits with people were carried out with people every three months comments viewed were very positive and included, "Excellent, thank you" and, "Very happy with care."
- Staff told us they felt valued and supported. One staff member told us, "I already feel like part of the family. Even in the interview I felt like family. [Operations manager] emails us to come in and get a coffee or cold drink. I am really happy and can see myself staying here. Everything is done properly, with a lot of pride about people's care and keeping people's homes clean." Another staff member said, "[Registered manager] is the best boss I have ever had has a gentle approach. It's an amazing team, I love them."
- The service had an incentive scheme to reward a care staff member with outstanding achievement and winners received certificate and a gift to show their appreciation for their hard work and dedication.
- A newsletter was emailed to staff and people that used the service to keep them informed on any new changes or events.
- Staff worked in partnership with other professionals to meet the needs of people. For example, the local authority and hospital discharge teams.

Continuous learning and improving care

- The registered manager took steps to drive improvements and they worked with external organisations to help with this. The service was a member of the care providers association and could access additional training for staff through this organisation.
- The service plan to introduce in the next 12 months an electronic MAR sheet and communication log system. The registered manager recorded in their PIR, "This will provide real time information to the field supervisor and manager. This will make the service safer as the management will know exactly what time medicines were given and what meal / activities were provided. The app can also directly connect with the clients family who can also see this information if needed and they can communicate with the carer to provide essential information."