

Golden Years Care Ltd

Golden Years Limited

Inspection report

Unit C New Park Industrial Estate
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Tel: 01782599866

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Golden Years Limited is a domiciliary care agency providing personal care to and nursing care to people living in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Not all staff had received recent training on the administration of medicines. Care plans did not guide staff on the side effects on medicines administered. We have made a recommendation about this. People told us they felt safe and they received their medicines on time.

People received regular reviews of their care needs. Staff received training at the start of their employment to ensure they had the skills to provide effective care. However, the provision of ongoing training had lapsed. The provider had recently started to introduce new training for staff. Staff felt very supported by the manager and management team. We saw the provider worked with community health professionals to ensure people received effective care.

The registered manager used a variety of methods to assess and monitor the quality of the service. However, not all errors were noted and acted upon. We discussed this with the registered manager who said they would review their processes. People, staff and relatives spoke positively about the registered manager and management team. There was a positive culture throughout the service which focused on providing care that was individualised. They were aware of their regulatory responsibilities associated with their role.

Staff told us they knew how to manage risks effectively and identify signs and symptoms of abuse and who to report concerns to. The registered manager had robust recruitment procedures and staffing levels delivered responsive support to people. Staff had access to protective equipment to protect people from the risk of infections.

People told us staff treated them with dignity and were respectful. Care plans held personalised information about people likes and dislikes and how they liked to be supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care plans held personalised information that reflected people's personalities and promoted independent living. One relative told us, "We are very happy and would recommend the service without hesitation. It gives us peace of mind and it's very personal and they take time to sit and chat with [family member] which is great."

The service was willing and able to support people with activities. There was a complaints policy that

supported positive engagement and timely action. Should it be required end of life care could be provided. Continuity of care was promoted by the service, so people were supported by familiar staff.

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 good (published 22 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Golden Years Limited

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

Golden Years Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

This inspection was announced. We gave the registered manager 72 hours' notice, to ensure they would be available and to give them time to gain people's consent for us to contact them for feedback.

Inspection site visit activity started on 01 August 2019 and ended on 05 August 2019. We visited the office location on 01,02 August 2019 to see the manager and office staff; and to review care records and policies and procedures. We made telephone calls to people and relatives on 01 August 2019 and telephoned staff on 05 August 2019.

What we did before the inspection

We reviewed previous inspection reports and information we had received about the service since the last inspection. This included information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority and Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke on the telephone with five people who were supported by the service and five relatives, to gain their feedback about the support provided. We spoke with three care staff, the registered manager and the quality manager.

We reviewed a range of records. These included three people's care records and multiple medication records. We looked at three staff recruitment files and records related to the management of the service, including policies and procedures and audits.

After the inspection

We received updates from the provider who shared additional evidence related to the inspection.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were used safely but there were risks around information and staff training. Care plans did not have medicine information to help staff monitor people for side effects and effectiveness of medicines. Staff involved in handling medicines had not received recent training around medicines. The provider did not have structured oversight of staff competence on the administration of medicines. The provider introduced staff competency assessments for the management of medicines during this inspection.

We recommend the provider consider current guidance on the management of medicines within a domiciliary care setting and act to update their practice accordingly.

- People received medicines when they should. People were supported with the ordering, transporting, administration and safe storage of their medicines. Relatives told us staff prompted people to take their medicine and this was recorded appropriately.

Systems and processes to safeguard people from the risk of abuse

- Staff had not received recent training on safeguarding adults but were knowledgeable about the procedures to follow if concerns arose. They knew what action to take if they suspected abuse or poor practice and felt confident to 'whistle blow' and knew which outside agencies to involve if needed.
- People told us they were protected from the risk of abuse and unsafe care and knew staff well. People and relatives gave examples of what made people safe. One person said, "Yes we do feel safe. They've never let us down." A second person commented, "Everything's fine. I get them twice a day and I know who is coming."

Assessing risk, safety monitoring and management

- The provider did not manage all risks to people's safety and wellbeing appropriately. The provider completed assessments of people's risks, including mobility, medicines and the home environment. However, they did not have structured spot checks to monitor staff timekeeping and competence.
- People told us they felt safe with staff and the support they received. Feedback from people and relatives was overwhelmingly positive. One person told us, "It works well. We know who is coming and they always turn up."

Staffing and recruitment

- The provider had suitable staffing arrangements to meet people's needs. The rotas were planned in geographical areas, so staff had time to get from one visit to the next. People told us staff visited them on

time and stayed for the full duration of the visit. No one we spoke with had experienced any missed visits. One person told us, "The timekeeping's fine. They will let us know if someone is delayed."

- The registered manager followed robust recruitment procedures. They made relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way a provider can make safer recruitment decisions and prevent unsuitable people from working with people who may be vulnerable.

Preventing and controlling infection

- The provider had effective infection control processes and procedures. Staff followed appropriate infection control practices which protected people from the risks of poor infection control. They told us they used personal protective equipment, such as disposable aprons and gloves, when they supported people.

Learning lessons when things go wrong

- The provider had systems to analyse accidents, incidents and safeguarding issues and make improvements when things went wrong. The registered manager regularly reviewed records to ensure staff had completed them properly and appropriate action had been taken.
- The registered manager told us where the service was found to be at fault in relation to accidents or incidents, they took appropriate action and shared any lessons learned with staff to avoid similar errors happening again. We saw evidence of this in staff memos.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The management team assessed people before they received support from Golden Years Limited. This was to check their needs were understood and could be met effectively. Staff completed a review when people's care needs changed, to see if their care plan needed changes to reflect their current needs. Staff told us care plans had all the information they needed to meet people's needs.
- The provider used some current legislation and best practice guidance to improve quality and deliver effective outcomes for people.

Staff support: induction, training, skills and experience

- Not all staff had received training to ensure their knowledge was updated in line with best practice. The registered manager told us they were behind with refresher training. They had recently introduced level three diploma training for existing staff and training that would result in a nationally recognised care certificate for new staff.
- Staff had the skills to support people effectively. Staff told us they received an induction that included shadowing experienced staff, before working independently. Feedback from people and relatives was positive about staff skills and knowledge. One relative told us, "[Relative] has a good team who know her and what to do."
- Staff felt supported by the management team. However, not all staff received regular formal supervision. However, all staff said they felt supported by the management team. One staff member commented, "I can approach [management team] about anything. They are so flexible with staff."

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

- People's nutritional needs were well managed, where required. Staff assessed people's dietary needs and recorded any support and guidance in care plans. This included people's preferences when having a hot drink and if people required fortified drinks and where these were stored.
- People told us they were happy with the arrangements to support their relatives with their dietary needs. One relative commented, "They [staff] ask [family member] what she wants and then make it for her."

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

- The management team and staff worked effectively with healthcare professionals, when required, to ensure people received a good standard of care in a timely manner. Evidence in care records of health care needs and contact with health care services including GPs, pharmacists and occupational therapists.

- The service supported people to access healthcare services. Staff monitored people's healthcare needs and discussed them with the person or family members as part of the care planning process. We overheard the registered manager plan a joint home visit with a community health professional to assess a person's needs.

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service worked within the principals of the MCA. Staff discussed and agreed care planning with people and their representatives. One relative said, "They [staff] always ask him so he has options." A second relative told us, "They [staff] chat things through with [family member]." Consent documentation was in place and signed by the person receiving care or their representative.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant 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

- The provider ensured staff worked in small teams to ensure people had the same staff who knew them well. New staff were introduced to people before working alone. One person said, "It works well due to the continuity." Care records held people's preferences on how they wanted to be supported and information about their backgrounds to support staff in getting to know them.
- Visit lengths enabled staff to provide a good level of care and support. The provider had decided not to offer 15-minute visits. The registered manager told us, "You end up trying to do 30 minutes work in 15 minutes, it is not fair to the person."

Respecting and promoting people's privacy, dignity and independence

- The service supported people to make decisions about their support. Staff discussed people's care needs with them. One relative told us, "They ask [family member] first so they don't just do things." We read on one care plan, 'Assist to undress, only if [person] will allow this'.
- At the time of our inspection, two people were being supported by advocacy services. These services can be used to support people to express their views when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family. We received positive feedback from people's advocates. They told us the people they supported were happy with the service provided and any issues raised were resolved quickly.

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

- Care records contained evidence the person who received care or a family member had consented to the care and were at the centre of developing their care plans. One relative told us, "They always include [family member] in the conversations."
- The registered manager involved all relevant people in decisions about the care provided. When people had advocates, the registered manager had sought copies of authorisation to ensure all appropriate views were considered. If people requested advocacy services, the registered manager had information to guide people to the appropriate organisation.

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 good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- The service provided care and support that was focused on individual needs, preferences and routines. One relative told us, "They have got to know [family member] and understand him."
- Staff recorded details about people, their achievements and things important to them as part of their care plans. One person liked care workers to do the crossword with them and look through photographs. One care plan guided staff to check the person was wearing their lifeline. If they weren't, it guided staff on where to look to find it. A lifeline is a means of calling for emergency assistance when required.

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.

- People's communication needs were identified and recorded in their care plans. These were shared appropriately with others, including professionals. One person had an interpreter present during meetings. Family members whose understanding of English was greater than the clients were included in all review meetings.
- The registered manager had left written reminders around one person's home to promote their independence, keep them safe and ensure information was retained.

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

- The service would support people to maintain relationships and take part in activities if that was an agreed objective within the care provided. They supported one person to go swimming on a regular basis. They planned a trip with one person who wanted to visit Blackpool.

Improving care quality in response to complaints or concerns

- The provider had systems to manage complaints and learn from them. Information relating to how to make a complaint was readily available throughout the service. The registered manager had an 'open door' policy and people were actively encouraged to provide feedback or raise concerns. Members of the management team delivered personal care and were highly visible and accessible to people, relatives and staff.
- People told us they knew how to complain and were happy with the service delivered. There had been no formal complaints in the last 12 months.

End of life care and support

- The service could support people to have a dignified and pain-free death. At the time of the inspection there was no-one receiving end of life support. The registered manager told us they would ensure all relevant support was available to ensure people received the necessary support to remain in their own homes. In the past they had worked alongside hospice care. The management team had completed end of life training. The registered manager told us, "It made you think about the care you delivered."

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider audited the service to gain oversight and promote a quality service. However, we found two audits that did not show errors in paperwork had been identified and any action taken. We spoke with the registered manager who told us they would review the paperwork and discuss it with staff. The errors identified did not impact the care and support people received.
- People spoke positively about how the service was managed. They informed us the registered manager and management team were visible and had a good understanding of people's needs and backgrounds.
- The registered manager understood their role in terms of regulatory requirements, which included informing CQC when required, to report incidents that had occurred.

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

- Feedback from questionnaires was overwhelmingly positive. Comments included, 'They [staff] almost seemed part of the family, nagging and having banter with [family member]' and 'Very satisfied, lovely carers, get on great. Thank you'.
- Staff told us the management were approachable. However, one staff member felt they would benefit from having staff meetings for group discussions and share ideas. The registered manager told us they did not currently have staff meetings but engaged with staff through having an open door policy and working alongside them when delivering care and support.
- There were good relationships with other services involved in the person's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met. This included risk management with GPs and managing people's ongoing health concerns with district nurses to ensure vital equipment was in place to keep people safe.

Continuous learning and improving care

- The registered manager was committed to ensuring continuous improvement. They reviewed accidents and incidents and recorded actions where improvements could be made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us they were happy with the service they received. Feedback we received

was complimentary about the registered manager and management team. People, relatives and staff said the registered manager and management team were approachable, available and operated an organised service. One relative commented, "We would definitely recommend them due to the staff and the quality of the care." One staff member told us, "They [management team] know their job and if I have a problem I can approach [registered manager]."

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

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The management team knew how to share information with relevant parties, when appropriate.