

Goldsmith Personnel Limited

Goldsmith Personnel Kingston

Inspection report

28 Claremont Road
Surbiton
KT6 4RF

Date of inspection visit:
14 February 2023

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06 March 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Goldsmith Personnel Kingston is a domiciliary care agency providing personal care to older people and those with dementia. At the time of our inspection there were 20 people using the service.

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

Quality assurance systems needed further improvements to ensure governance systems were robust and embedded. Incident management, records management and oversight of the service needed to be consistent.

Care plans would benefit from further personalisation and staff supervision records could contain more detail.

People and their relatives felt they were safe and that care staff administered their medicines when they needed them. Staff were clear on how to recognise and report signs of abuse.

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.

People and their relatives were involved in the development of their care. Complaints were well responded to.

People, relatives and staff felt well supported by management. The management of the service had made efforts to improve concerns identified at our last inspection.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 25 October 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to

improve.

At this inspection we found the provider remained in breach of regulation 17.

This service has been in Special Measures since 25 October 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an announced comprehensive inspection of this service on 06 September 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, consent to care and treatment, complaints, staffing, fit and proper persons employed and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Goldsmith Personnel Kingston on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to good governance at this inspection.

We have made recommendations in relation to staff support and personalisation of care records.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our 'safe' findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our 'effective' findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our 'responsive' findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our 'well-led' findings below.

Goldsmith Personnel Kingston

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed statutory notifications that informed us of important events that had occurred at the service. We reviewed intelligence from members of the public and the providers improvement action plan. We used all this information to plan our inspection.

During the inspection

We spoke with the Quality and Compliance consultant, the Operations Manager and the administrator. We reviewed 4 people's care files, 4 staff files and a range of other documents in relation to the running of the service. This included incident and accident records, complaints, planned rosters and medicines administration records (MAR). Following the inspection, we received feedback from 1 person using the service, 6 relatives and the local authority.



Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At the last inspection we identified risks to people were not effectively assessed, with a lack of guidance for staff to mitigate risks. People did not always receive their medicines when they needed them. This issue was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) 2014.

At this inspection we identified enough improvements had been made and the service was no longer in breach of regulation 12.

- People received a safe service. People's relatives told us they felt their loved ones were safe. Comments included, "I do think they're safe" and "Accidents don't happen when the carers are around."
- People had risk assessments in place that provided guidance for staff as to how to support people. This included areas such as falls, malnutrition and skin integrity.
- Staff were clear on the purpose of a risk assessment and told us of the ways in which they guided them to support people safely.
- Timeliness of attendance at care calls had greatly improved. People and relatives told us, "Normally they are pretty good", "Yes they are on time" and "Don't often run late but I imagine they'd call if they did. Sometimes early which we don't mind."
- People received their medicines when they needed them. Relatives told us that where medicines were administered from blister packs this supported staff and people to ensure medicines were taken at the right time.
- We reviewed people's medicines administration records (MAR) and found that these were completed accurately, with regular management audits of these records to review and take action where any inaccuracies were identified.

Systems and processes to safeguard people from the risk of abuse

At the last inspection we identified potential concerns were not always reported and staff were lacking in safeguarding knowledge. This issue was a breach of Regulation 13 of the Health and Social care Act 2008

(Regulated Activities) 2014.

At this inspection we identified enough improvements had been made and the service was no longer in breach of regulation 13.

- Staff knew how to recognise the potential signs of abuse and how to report them. Comments included, "I would report to the office of course, they would take it up from there. If they didn't, I would contact the local authority" and "I would notify the office and let CQC know. I would whistle blow if I had to."
- Where possible safeguarding concerns had been identified, and raised with the local authority. Records showed that the provider supported investigations and shared any learning with staff.

Staffing and recruitment

At the last inspection we identified staff deployment and monitoring of call attendance was ineffective. This issue was a breach of Regulation 18 of the Health and Social care Act 2008 (Regulated Activities) 2014.

At this inspection we identified enough improvements had been made and the service was no longer in breach of regulation 18.

- Sufficient time was allocated to staff to ensure they could get to their calls on time. People and relatives told us that staff arrived on time to care calls.
- The provider was in the process of implementing an electronic call monitoring system. In the interim the office contacted staff at the beginning of each call to check they had arrived on time. We will review their progress with the implementation of the new system at our next inspection.

At the last inspection we identified staff were not always safely recruited. This issue was a breach of Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) 2014.

At this inspection we identified enough improvements had been made and the service was no longer in breach of regulation 19.

- People received a service from staff that underwent robust recruitment checks to ensure their suitability for the role.
- Recruitment files contained an application form, suitable references, photographic identification and a Disclosure and Barring Services Check (DBS). (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Incident management had improved since the last inspection. Where incidents had been raised the provider had acknowledged their occurrence, and ensured interviews were conducted where there was staff involvement.

Preventing and controlling infection

- Staff were provided with ample supplies of personal protective equipment (PPE), to ensure they could prevent the spread of infection.
- People and their relatives told us that care staff wore PPE when delivering personal care.



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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection we identified staff did not receive sufficient support through training or supervision. This issue was a breach of Regulation 18 of the Health and Social care Act 2008 (Regulated Activities) 2014.

At this inspection we identified enough improvements had been made and the service was no longer in breach of regulation 18.

- Staff received training to support them to carry out their roles. This included areas such as moving and handling, medicines and person-centred care. Staff competency assessments had improved to ensure that the content was reflective of the practice that had been observed.
- Staff were suitably inducted and carried out sufficient shadowing prior to commencing their roles.
- Records showed and staff told us that they received regular one to one support from management. We identified some supervision records failed to detail comments made by staff and feedback provided by the registered manager. Comments from staff included, "We do [supervision] once or twice a month. Update on clients, make sure we are comfortable, raise any concerns" and "Yes, twice a month."

We recommend the provider ensure supervision records are contemporaneous.

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

At the last inspection we identified people's healthcare needs were not met in a timely manner. This issue was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) 2014.

At this inspection we identified enough improvements had been made and the service was no longer in breach of regulation 12.

- The provider worked alongside other agencies to meet people's needs. This included ensuring that GP's

and other key partnership agencies were contacted in a timely manner where there was a change in people's needs.

- Records showed that people's social workers were consulted to ensure that any changes required to call packages were reviewed. A relative said, "They [provider] always ask if anything else needs doing."

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 MCA 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.

At the last inspection we identified care records did not detail whether people were able to consent and staff knowledge of the MCA was poor. This issue was a breach of Regulation 11 of the Health and Social care Act 2008 (Regulated Activities) 2014.

At this inspection we identified enough improvements had been made and the service was no longer in breach of regulation 11.

- Staff understood how the MCA applied to their roles. Comments included, "It means the clients ability to do things on their own and to make decisions" and "It's whether the client has capacity can make decisions for themselves. We've had training."
- Care records stated whether people had any impairment of the mind that could impact their decision-making skills.

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

- The provider had now ensured there was a detailed assessment of need, completed prior to commencement of the service. This clearly detailed people's call requirements and information that was important to them.

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

- People were supported with their nutritional needs, with care records detailing whether people had any dietary requirements.
- Staff ensured that daily records detailed whether people had consumed their meals and monitored any fluid intake where required.



Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At the last inspection we identified complaints were not appropriately managed. This issue was a breach of Regulation 16 of the Health and Social care Act 2008 (Regulated Activities) 2014.

At this inspection we identified enough improvements had been made and the service was no longer in breach of regulation 16.

- Complaints were now accessible and effectively managed. We reviewed the provider's complaints file and found that complaints were clearly recorded.
- When complaints were investigated records noted steps to resolve the complaint, whether the complainant was satisfied, what lessons have been learnt and how these were shared with the team.

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

At the last inspection we identified people did not always receive personalised care. This issue was a breach of Regulation 9 of the Health and Social care Act 2008 (Regulated Activities) 2014.

At this inspection we identified enough improvements had been made and the service was no longer in breach of regulation 9.

- Care plans had improved to ensure they reflected more detailed preferences of the ways in which people preferred to receive their care. This included the addition of an 'All About Me' sheet which detailed for staff key information about people and their day to day routines.
- We did raise with the provider that a key overview of people's needs could be more accessible. We also identified that where there was now clear detail of people's call schedules some of the content was repetitive and not as personalised as it could be.

We recommend the provider review personalisation of people's scheduled calls information.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care records detailed whether people needed any additional support with communications, there was no one with a communication need at the time of inspection.
- The provider had access to organisations that could support them with interpreting, translations, developing easy read leaflets, pictorials, Makaton, braille and printing documents in larger fonts.



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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

At the last inspection we identified that governance systems were ineffective, the culture of the service was poor, people were not involved in the development of the service and received a poor service. This issue was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) 2014.

At this inspection we identified not enough improvements had been made and the service remained in breach of regulation 17.

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

- Improvements were still required to ensure that records management was robust. Whilst some care records such as care plans and risk assessments had been improved, this was not consistent.
- We identified that some areas of risk management still required specific guidelines to ensure staff always had enough information to mitigate the likelihood of risk occurrence. Incident management was still not as robust as it should be, with the provider not always ensuring safeguarding notifications were submitted to the Care Quality Commission.
- Where incidents had occurred, there was not always a record of investigation. We identified one incident had resulted in the person falling and sustaining an injury. However, no further review of the person's moving and handling or falls risk assessment was undertaken. This meant we could not be assured risks to people were robustly identified and mitigated.
- Care records would have benefitted from further personalisation to ensure records were always specific to individual needs.
- The above points notwithstanding some improvements had been made to the running of the service. This included ensuring staff received support in their roles and improving care records. However, more time was

needed to ensure that improved practices were embedded.

Failure to deliver a service that was well-led was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- People and their relatives were positive about the management of the service. Comments included, "I'm pleased with them", "[Registered manager] seems to be accessible nearly 24 hours a day. She is excellent" and "[Registered manager] is a very pleasant woman and does the job. They are doing a more than reasonable job."
- Staff felt well supported by the management team, telling us, "She has been so supportive and encouraging, she has been guiding us", "They're accommodating, there's training and a good welfare package for staff" and "[Registered manager] is really approachable, clients love her which is amazing rather than someone who doesn't know the job. She bends over backwards to help her staff."

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

- People, their relatives and staff were consulted if there was a change in needs. A relative said, "[Provider] has been around 3 times to review [care package], they always check we're happy."
- Records showed that the provider regularly carried out spot checks and telephone monitoring to check people's service satisfaction. Where it was identified that areas of improvement were needed then provider carried out a 'You said, we did' exercise and recorded actions taken to make positive changes.

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

- At the time of the inspection the registered manager was away from the office, therefore we were unable to assess their understanding of their responsibility under the duty of candour. We will review this at our next inspection.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance and quality assurance systems needed more time to embed and ensure good practice was consistent.