

Golden Years Support Services Ltd

Golden Years Support Services

Inspection report

Offices 49, 51 and 52 Dunston House
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Tel: 07751826798

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Golden Years Support Services is a care at home service providing the regulated activity of personal care to 23 people at the time of this inspection. The service provides support to older and younger adults with a range of health needs. 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

People were supported to keep safe by competent staff who knew them well. Areas of risk in people's lives were identified through assessments and systems were in place to manage these risks. People, or their families where appropriate, were involved in planning and reviewing their care.

Staff were trained to provide a good standard of care, taking into account people's choices and promoting their independence. People were supported to access services to maintain their health and wellbeing. 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 were treated with kindness, compassion, dignity and respect. The service used feedback from people to improve services.

People, or their relatives, knew where to take any concerns they had and felt listened to. People felt the service was flexible to meet their needs. The service was committed to delivering a high standard of end of life care to people at the right time in the right place.

The service was consistently well led and managed. The person-centred vision of the service was consistently demonstrated in the values and practices of the staff.

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

Rating at last inspection

This service was registered with us on 19 October 2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing, including safe recruitment, staff conduct and staff training. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Golden Years Support Services

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.

The Inspection team

This inspection was carried out by one inspector. An Expert by Experience conducted telephone calls to obtain feedback from people or their relative. 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

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the location's office where we met with the registered manager of the service who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with four members of care staff. We spoke to ten people or their representatives. We reviewed a variety of records relating to the management of the service, including governance and auditing systems. We looked at three staff files in relation to recruitment and staff supervision. We reviewed the care records for three people which included risk assessments and care plans.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse. The provider had an up to date safeguarding policy in place and people or their representative knew how to raise any concerns they might have.
- People felt safe when supported by care staff. A person who received support from the service told us, "I feel very safe with the care." A relative told us, "They [staff] anticipate [my relative's] needs and show great understanding. They [staff] do keep them safe."
- All the staff had received suitable and effective training in safeguarding. Staff were confident to identify and report safeguarding concerns. One member of staff told us, "I would be happy to take any concerns to the registered manager and know they would be dealt with professionally."

Assessing risk, safety monitoring and management

- Staff assessed, managed and regularly reviewed risks to people's health and wellbeing. Assessments completed by staff identified the areas of risk in people's lives and actions had been implemented to mitigate known risks. Care plans provided detailed guidance for staff to follow to help keep people safe.
- Staff used the electronic care record system to record information to facilitate care plan reviews. This meant people's care plans were updated in response to any change in their needs.
- People were involved in the assessment, planning and review of their care. A family member told us, "We had a long assessment visit before starting the service, when we agreed the care plan, we didn't need to compromise much on preferred visit times. They put a strong emphasis on making sure visits were long enough to avoid any need to rush care tasks, given the specific nature of my [relative's] dementia. We've been able to adapt the care plan since then, as needs have changed, we asked for an earlier evening visit and this was put in place." A person using the service told us, "They risk assessed my shower procedure from the start and they routinely check the risk assessment with me."
- Senior staff and the management team audited care records daily to identify and address any issues. This meant any issues, for example, late calls, were identified and addressed promptly.

Staffing and recruitment

- Staff were recruited safely. Checks were completed to ensure staff were suitable to work at the service. Disclosure and Barring Service (DBS) checks provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had a recruitment campaign to increase the number of staff available. There were times when the care staff worked additional hours if they are able or calls were covered by office staff to ensure people received the support they need. Staff who worked in the office were trained to deliver care safely.

- Staff were confident and competent to support people safely. One person who received support told us, "All the staff are excellent in how they assist me." A relative told us, "The care provided is good, staff seem well trained".
- People were supported by staff who were trained to meet peoples' needs safely. One person told us. "I have a mobility aid which is very important to me; staff understand it well and how I use it". A relative told us, "The care staff had a training session on the hoist, with an occupational therapist, and the manager was involved too. The carers show great patience and reassurance". The registered manager was a trained manual handling trainer and was exploring options to ensure her skills and competence were kept up to date.

Using medicines safely

- Systems to manage medicines were well organised and ensured safe administration of medicines to people. One relative told us. "Medicines are kept in a locked cupboard. Staff hand meds to my [relative] and watch them take them, then staff return the medicines to the cupboard."
- The provider implemented an electronic system for recording medicines. Medicine records were reviewed daily by the care co-ordinators or the registered manager. This meant any issues with medicine management could be identified and addressed quickly.
- Staff received training in safe medicine administration, and this was followed by a competency check to ensure staff understood how to administer medicines.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was using PPE effectively and safely. One person told us, "The staff wear all PPE and always enter the home with a mask on."
- We were assured the provider was following the guidance at the time of the inspection by accessing testing for people using the service and staff.

Learning lessons when things go wrong

- The registered manager arranged sepsis awareness training for all staff in response to a situation when a staff member who knew a person very well quickly identified and responded to signs the person was not well. All staff learned from this experience to improve care for people using the service. The registered manager developed a file to record this learning for sharing and reflection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a programme of induction training, including shadowing of experienced staff and competence assessments, before starting to work with people. One person told us, "New staff come to shadow experienced staff to learn how to assist me with my shower."
- People were supported by staff who demonstrated knowledge and experience of their health conditions. One person told us, "They [staff] come across as well-trained and committed, with a good understanding of dementia." One relative told us, "They [staff] have a good understanding of how my [relative's] condition fluctuates. My [relative] responds to the care staff positively. Another relative said, "My [relative] has dementia and would refuse some care from me, whereas they [staff] have found ways they find acceptable. Consistency of staff is really good, my [relative] comments on having got to know the staff, my [relative] refers to them [staff] by name or description."
- Staff we spoke with consistently told us they felt supported by the registered manager and senior staff. Staff had regular opportunities to meet with the registered manager or senior staff, at planned staff meetings and staff supervision.

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

- People's food and drink needs, and preferences were recorded clearly in care plans. Staff understood people's needs and choices relating to food and drink.
- One person told us, "I have to drink a lot. The staff always make hot drinks on all four visits and leave me with enough cold drinks to last until the next visit." A relative told us, "A palliative care nurse has been complimentary of their care, they [staff] have improved his food and fluid intake."

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

- People were involved in making decisions about their health care. One person told us, "I have a care plan, which I agreed, I was happy with how they wrote it and it is accurate".
- People were supported to access additional support when it was required. A relative told us, "There are many health issues for my relative, the carers are very observant, and they advise getting nurse or doctor attention when needed".
- People received support in line with current guidance and best practice, for example, a screening tool for malnutrition and pressure area care guidelines were used by the service where required to assess and plan care.
- The electronic care system used by the provider enabled staff to record any changes in people's needs and report these to senior staff. Referrals were made to appropriate professionals for input. For example, to the

primary health care team for assessment or treatment of pressure areas and to speech and language therapy for assessment when swallowing difficulties were identified.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- When people did not have capacity to consent to some decisions, we saw mental capacity assessments were completed to ensure decisions were being made in people's best interests.
- Staff encouraged people to make their own decisions where possible. At the time of the inspection no person using the service had any restrictions placed on their liberty.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were supported by kind and caring staff. Interactions observed between staff and people who used the service were respectful and took into account people's needs, for example, with a person who experienced hearing difficulties.
- People and their relatives consistently spoke highly of all the staff who supported them. One person told us, "They [staff] are all very pleasant and helpful, we have a laugh. It's mainly the same staff from a small group who come to me and they have got to know me as a person." A relative told us, "All staff have been lovely in their manner. They spend time with my [relative] and talk nicely in a way they are able to understand." Another relative said, "The staff are all caring and pleasant."
- The management team explained the aims of the service and their culture of meeting high standards of support for people. Staff we spoke to understood these aims and were highly motivated and passionate about providing the best care possible to people.

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

- People or their relatives were involved in planning their care. One relative told us, "We had a long assessment visit before starting the service, when we agreed the care plan".
- Staff supported people to make daily choices. One relative told us, "It's lovely to see how they talk and work with my [relative], even though they are repetitive and don't remember staff names. The carers explain things in ways they can understand, and show good negotiation skills, gaining consent and recognising my [relative's] preferred order in which to do things. It all shows a real understanding of working with dementia.

Respecting and promoting people's privacy, dignity and independence

- People's care plans included their preferences for staff to take into account. One relative told us, "I understand from my [relative] that the staff respect their choices and give explanations, which supports their wish to be as independent as they can be". Another relative told us, "Staff help me do as much as I can, that's what I want. I'm very pleased with their understanding and respect for my routines".
- The provider completed spot checks to assess staff practices and competence in treating people with dignity.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People had personalised care plans that promoted involvement and independence. A relative told us, "Someone came to complete an assessment before care started. They included my [relative] fully, showed great patience and allowed time for them to sign their agreement to the care plan. The plan is kept in [relative's] home".
- The service was able to respond to people's requests for flexibility in their call times. For example, one person told us, "When I requested a change of visit time to fit around an appointment, it was accommodated right away".
- People were involved in the review of their care. For example, a relative told us, "They call sometimes to see how things are going, and we have a review next week. I will be discussing changes going on with my [relative's] health care, because I really don't want to lose Golden Years".

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.

- People's communication needs were identified through assessment. People's care plans had detailed guidelines for how best to communicate with people in a dignified way.
- The provider facilitated staff to be trained in sign language to enhance communication for people with hearing impairments.
- The provider was able to source information in various formats for people. For example, service information was available in different languages, easy read and braille where needed.

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 provider was able to respond positively to people's requests for flexible support to participate in activities. One relative told us, "If I'm taking my [relative] out to eat, we arrange for staff to give just a light lunch. The staff are always happy to vary from usual routines".
- Staff were responsive to people's social needs. One relative told us, "We have a communication board to share information. I feel the carers support my [relative's] independence".
- Staff worked positively with people's relatives. One relative told us, "Staff are very respectful of our home

and of the family's needs. They will ask if there is anything else they can do, and will always respond if we ask".

- The provider facilitated activities to include people in national events, for example, providing cream teas to people for Jubilee celebrations; visiting people during bank holidays and delivering treats.

Improving care quality in response to complaints or concerns

- People and their relatives and staff consistently told us they would be happy to raise any issues they might have with the registered manager and were confident it would be addressed professionally. One relative told us, "Any issues, I or [my relative] will ring the office and they are quick to respond. For example, I was recently in hospital and we had to sort out visit times and invoices, which was all done".
- The provider's complaints policy was available to people in the service's welcome packs that had been developed and left in people's homes.

End of life care and support

- The provider was committed to providing high quality care to people as they approach the end of their life. Staff were trained to a nationally accredited level and followed a system to ensure people received the care that was right for them at this time.
- Feedback was consistently good in relation to end of life care. One relative told us, "[My relative] appears very comfortable with them. They (staff) explain what they are doing, for example turning, and give warning of possible pain or discomfort. I'm very pleased with what I see. They are a support to me as well, they recognise issues that arise for me."
- Staff consistently felt supported by the registered manager during and after difficult times. Staff appreciated the feedback given to them by the registered manager.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, staff and the registered manager described a culture which focussed on involving people, taking into account their needs, and ensuring they received good care. One person told us, "I find the service runs smoothly. I would definitely recommend them; in fact, I have done. I'm very pleased with their understanding and respect for my routines". A member of staff told us, "The service users come first, they are looked after properly by staff. People are involved, it is very person centred".
- The service asked for and responded to feedback from people, their relatives and staff. One person told us, "I am always asked if I'm happy with the service or if there is anything not right. I did once ring up about an aspect of the care plan that wasn't being kept to, and (the registered manager) reinforced to staff what was required".

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

- The service was managed well. The registered manager understood their responsibilities and implemented systems of working to ensure people received high quality care.
- People, relatives and staff spoke highly of the management of the service. One relative told us, "The care and risk assessment process made us feel this is a well-managed service, that seems to do that little bit extra". A member of staff said, "Management really do care, they go above and beyond to make people happy".
- Daily audits were completed by the registered manager to monitor call time durations, punctuality, medicines management and incidents. This helped to ensure the quality of the service was monitored and areas for improvement were identified.
- The registered manager implemented systems to analyse incidents and identify actions to mitigate risks for people. For example, following a fall, a risk assessment was completed with the person and their family, advice from a specialist sought and implemented.

Working in partnership with others

- The service worked well with people and their families. One relative told us, "I have a good relationship with the office and have met (the registered manager) a few times".
- The registered manager worked closely with local health services to support people's transitions to being

cared for at home. The registered manager had developed good links with the local hospice services.

- The registered manager had invested in systems which enabled direct access to primary care support to ensure people received timely and appropriate care, for example direct links to GP surgeries to ensure a smooth transfer of services, including prompt supplies of medicines.

Continuous learning and improving care

- The service was prepared to offer diverse support to people as required, using the strong person centred culture in the service to develop and deliver individualised care. People's culture and beliefs were respected and supported by staff.
- The registered manager reflected on their own responsibilities in relation to safe recruitment procedures and identified where their own practice could be improved.