Golden Services Care Limited

Golden Services

Inspection report

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected Golden Services Care Limited on 5 November 2015. This was an announced inspection. The service provides domiciliary care services to people who live in their own home. At the time of our inspection there were 31 people using the service with a variety of care needs, including people with physical disabilities, mental health needs and end of life care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they felt safe. People had risk assessments in place to address any areas of concern to people's safety. Staff were confident in knowing when to report any safeguarding concerns and had received training on recognising signs of abuse. Medication, where needed was monitored and administered safely. Staff had received checks before they started working to ensure they were safe to work with people.

Summary of findings

Staff had the skills, knowledge and necessary training to be effectively offer the required support to people. Staff had support when they joined the service to understand the job requirements and had ongoing regular support by management. Staff received training prior to working with people and as needed during their employment. People said they had regular carers who knew them well. Staff felt valued and respected and were proud of being able to deliver a caring service to those they supported in the community. The service worked closely with community social and health care professionals. Staff understood the requirements of the Mental Capacity Act 2005 and how to use this in their care of people to ensure people had choices.

People described the care they received as excellent. They were supported by regular staff who knew them well and told us staff treated them with dignity and respect. People and their relatives were involved in assessing their care needs and any changes required. Staff spoke of the importance of providing a caring service and stated that the people they supported were the most important. They were reported to have 'gone the extra mile' to ensure people were cared for. Staff said the manager was a positive role model who had high expectations of staff and ensured they delivered a personalised and highly caring service. Staff said they felt proud of the role they played in the community. People were supported with compassion and dignity at the end of their lives.

People, their families and professionals were involved with assessing what support was required and the care plans reflected those support needs. The service responded efficiently and flexibly when people's needs changed and worked closely with all social care and health professionals to ensure appropriate support was provided.

The registered manager had systems and processes in place to ensure the service was monitored effectively and these were checked regularly. Feedback was sought from people, their families and professionals on a regular basis. The CQC was notified appropriately of important events that affected people or the service. Staff were appreciative and positive about the support they received from the management team.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were protected from harm. Risks to the health, safety or wellbeing of people who used the service were fully understood and risks assessments were in people's care plans.

Staff were knowledgeable about their responsibilities to report safeguarding concerns and felt confident to do so.

There were systems in place to manage late visits to ensure people had their needs met.

Is the service effective?

Good

The service was effective. People received good quality care from staff that understood their individual needs and wishes.

Staff were well supported and received training to develop their skills and knowledge to meet people's needs.

Staff understood and applied the principles of the Mental Capacity Act (2005) when carrying out care tasks.

People were supported by staff to access health and social care professionals when needed.

Is the service caring?

Outstanding

The service was exceptionally caring. The management and staff were highly committed to delivering support in a caring and compassionate way.

Kindness, respect, dignity and attention to detail were established in the day-to-day practice of the service.

Compassionate high quality end of life care was a central principle well established in the service.

People and their staff described staff 'going the extra mile' to support them.

Relatives described the service as delivering excellent care and compassion.

Is the service responsive?

Good

The service was responsive. When people's care needs changed these were responded to and managed without delay.

People were asked regularly what they thought of the service and their views were acted upon.

People knew how to make a complaint if needed and spoke of how approachable staff and management were.

Is the service well-led?

Good

The service was well-led. Management and staff took pride in providing an individual service to the people they supported.

Summary of findings

Staff were very happy in their work and spoke highly of the support they received from the manager.

The registered manager had efficient quality assurance processes in place to monitor and improve the service.

Golden Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 5 November 2015 and was announced. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of one inspector.

At the time of the inspection there were 31 people being supported by the service. Before the inspection we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. The provider sent us a list of people who used the service. We sent questionnaires to 29 people who use the service and their relatives, 22 members of staff and 12 professionals and received 22 back from people that use the service, five from their relatives, four from staff and two from professionals.

During the inspection we captured the experiences of a sample of people by following their path way through the service and sought their views. We spoke with four people who were using the service and two people's relatives. We received feedback from two community professionals. We spoke with two care workers, two senior care workers, a manager and the registered manager. We reviewed six people's care files, records relating to staff and the general management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included: "I feel very safe" and "I've never felt unsafe or worried". All of the respondents to our survey told us they felt safe with the staff that provided care to them.

People and their home environment had thorough assessments and where risks were identified plans were in place to manage them safely. For example, one person was identified as at risk of slipping because they had wooden floors. Staff were aware of advice and actions to ensure the person remained safe from potential falls. Other people's records described safe ways for staff to deliver care. For example, the number of staff involved and any equipment used to assist a person when assisting people with bathing and showering. Relevant assessments had been completed, such as manual handling to ensure the safety of the person and the care worker. Staff were observed to ensure they were safe to carry out work such as hoisting.

Risk management was considered for each person, for example, detailing how much the person could assist during personal care. All risk assessments had been updated regularly and staff were told of any changes to peoples care. All staff had been issued with first aid kits to have with them on their visits.

If people required support to take medication this was clearly recorded in their care plans. People's Medication Administration Records (MAR) described details of medicines being taken. Staff responsible for administering medication had received training. The service adhered to the local authority protocols relating to the administration of medicines and any other health tasks such as specialist feeding. Staff had their competence assessed and records confirmed these tasks had been signed off by a health care professional. A staff member said any need for changes was reported to the registered manager immediately. For example, if they became concerned that the person was not taking their medication or if there was a risk because a person who self-administered was becoming confused or forgetful.

People were supported by staff who had received safeguarding training to identify signs of harm and abuse. Staff said they would inform the registered manager or the on call staff. They also understood concerns could be reported to other organisations such as the local authority safeguarding team and the Care Quality Commission if necessary. The service had up to date local authority safeguarding procedures as well as their own policies, including a policy on their responsibilities to report any concerns about children of people that used the service. Staff were aware of the whistleblowing policy and how to use this if needed.

Staff took action to keep people safe. For example, during the inspection a hospital discharge was being arranged. When care staff from the service visited to assess the person and the home, they reported that it was unsafe for the person as no equipment was in place, for example, equipment to enable the person to transfer safely. The service discussed this with the hospital and it was agreed that it was not appropriate for the person to return home until everything was in place to support them safely.

People told us the staff were reliable and mostly arrived on time. If they were going to be late they called them directly to let them know. If the delay was going to be more than 15 minutes, staff would phone the office who would organise another member of staff to visit the person to deliver their care. No one we spoke with had experienced missed visits. One person said, "I get a call if they're delayed and I've never had a missed call". Staff told us they were not rushed whilst making calls and always had enough time to support the person with their care needs. Staff told us there were sufficient staff to meet people's needs. A staff member said: "It's nice that management come out and help us. If two staff are required for assistance, one of the managers will sometimes do this and it feels like they are working alongside us and involved - not just sitting in the office". Another person said there is: "Plenty of time to do tasks – I don't feel rushed. We can always take longer if required the management support this and will arrange for other calls to be covered if necessary".

The service had effective contingency plans in place to cover emergencies, including bad weather and other situations that may affect the running of the service. Most staff lived locally and also had use of a vehicle to get them to visits if the weather was bad.

Records relating to recruitment of staff contained relevant checks that had been completed before staff worked unsupervised in the home to ensure they were of good character. These included employment and personal

Good

Is the service safe?

references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Good

Is the service effective?

Our findings

People were supported by staff with the knowledge and skills to meet their needs. A relative of a person with very complex needs commented: "A manager visited to work with my [relative] until they, and we, were confident that their knowledge could be passed fully to other members of the care team". Care staff told us they felt extremely well supported in their role. Comments included: "My manager is there as soon as you have any problems – she's brilliant". Another said "I've worked for other care agencies and they don't compare to this one".

New staff were mentored by an existing staff member until they felt confident to work on their own. One care worker said the induction involved two weeks of shadowing and a workbook to complete. Another care worker said they were not expected to work individually until they felt confident to do so. The service offered new staff to undertake the Care Certificate. The Care Certificate sets out the learning outcomes, competences and standards of care expected of staff to ensure they are caring, compassionate and provide quality care. The staff member who had lead responsibility for this said this was supplemented by further training, such as medicines. They also looked at each care worker's best method of learning styles to ensure they had the maximum benefit of the training. This meant the service ensured new staff had been checked before they started working alone.

Staff were encouraged to undertake further training and one person was doing a national qualification on safeguarding. Staff told us about the training they had undertaken and how this helped them meet the needs of the people they were supporting. A staff member said: "I've received extra training for end of life care and people requiring specialist feeding. I've also had training in health and safety, manual handling, food hygiene, first aid and dementia". Three members of staff had undertaken 'Train the Trainer' qualifications to enable them to deliver modules to their staff on areas such as first aid and manual handling. This qualification enables a person to deliver training and development to their staff. This meant staff received the required training without delay and that the provider was able to ensure staff were adequately trained for their jobs.

Staff told us that they received individual supervision on a regular basis. A staff member said this was in relation to their support of people and their own support and learning needs. This meant staff had time to discuss their practice and help them to develop professionally. Appraisals had also taken place which enabled the staff member and their manager to review their practice over the year and identify any further training or learning needed to deliver effective care. A staff member said she had requested further training in 'end of life' care and this was being looked into by management. The registered manager said that they actively encouraged staff's progression by doing national qualifications.

The service had a formal system of receiving client feedback about staff and carried out unannounced spot checks. A spot check ensures agreed visit times are being adhered to and records are being kept up-to-date and in good order and staff's practice is observed and recorded so the managers are aware of staff competence. More informally, most carers visited the office each day for a cup of tea and catch up with management.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA). The 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 people lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests. One care worker said, "It is important to know if a person has capacity about a particular area of their care. This is so a best interest decision can be made if not". Another care worker said "I understand consent does not always have to be spoken and could be signalled by a squeeze of the hand or nod of the head". Staff understood when a best interest decision might be needed, for example, if someone may be at risk. Staff had been issued with a pocket-sized quick reference guide to the MCA which outlined the principles of the act, the test of capacity, how to assess capacity, and best interests decision making".

People's care records included statements that consent could not be given by anyone other than the person but that records could be signed by next of kin to indicate care was in the person's best interests. People's care records contained details of power of attorney, where appointed and the power of attorney was consulted in relation to the person's care needs. A professional provided feedback and stated "(Registered Manager) is willing to take on very

Good

Is the service effective?

challenging clients and families and works in an empowering and effective way to ensure that their needs are met. For this reason, I always approach them when I have complex clients. (Registered Manager) has a good understanding of the Mental Capacity Act and supports people to make choices when they are able to".

People who had food prepared by care staff told us they were able to choose what they ate and drank. One person told us, "I pop it in the oven so it is ready when the care worker arrives and they serve it up for me as I don't like meals microwaved". One care worker described how they would involve people in choosing their food. For example, showing the person examples of meals available. They would also involve the person in writing shopping lists. Care records detailed people's likes and dislikes and any special dietary requirements. A care plan contained information based on an assessment by the speech and language therapist (SALT). Staff we spoke with had a clear understanding of the person's needs and understood the importance of the correct consistency of food and risks around choking.

People were referred to health professionals where needed. A staff member said a person she cared for needed close monitoring for pressure sores. When necessary, they contacted the district nurses to dress the pressure sore. The service also worked closely with district nurses, GP's and the Continuing Care team for people needing end of life care. A comment on a questionnaire completed by community professionals stated: "The manager is very supportive and effective, working well with other professionals to ensure good outcomes for clients. When clients have Golden Services, as a professional, I feel confident that they will liaise properly with the appropriate agencies (e.g. GP, District Nurses, police) when required and will involve us when it is required".

Outstanding ☆

Is the service caring?

Our findings

People described the care they received as exceptional. A relative described how one of the senior managers visited to support their relative who had very complex needs. They did this as it was important to understand the person's care needs before other care staff were trained and able to competently and confidently support the person. The service has now been supporting the person for 18 months. The family said "We've never been let down. The support is excellent. We've had other care agencies before that has not met what [relative] needed. Our [relative] loves them to pieces" They added "They are not just lovely with our [relative] they are great with all the family. We thoroughly recommend them". Another person said "They're all lovely". This was confirmed by the respondents to our survey who all strongly agreed that staff were caring and kind.

People told us they had regular staff and knew who would be visiting them as they were sent a schedule each week. A person said if this changed they would receive a phone call or text message updating them. Staff said they enjoyed building relationships with people and their families and felt they were able to do this unhurried with support from management. A person commented: "They complete everything that is required and we have a laugh and a joke as we go". Another comment was: "They all seem to really care about my mum's wellbeing and they are always willing to help in any way necessary".

Staff spoke in a caring and compassionate way about the people they supported and were always introduced before visiting alone. A relative said "They listened to our advice and took on board what was needed to support our [relative] which was great as we felt respected for our knowledge and best way to support". When talking to management and staff during the inspection, it was evident how important it was to them to ensure people were cared for well.

People experienced care that was personalised and high quality. Staff had gone the 'extra mile' for their customers. We received a comment in a survey stating, "My friend has dementia which means that he often forgets who people are, where he is and what is happening, the carers are always patient and understanding. They often do little extras, like preparing a snack for later just to make sure he is comfortable". We saw comments about a staff member visiting on their day off to spend time with a relative and that this was highly appreciated and felt by the relative to be 'over and above' their commitment for their loved one. There were comments saying that staff were on time and not rushed and offered helpful suggestions. A staff member stated: "The About Me document contains personalised information about the person and their likes and dislikes. It helps to have this and can be a good conversation starter if someone has dementia."

One person's care plan had detailed information about the importance of them having choice of perfume, specific detail about how they liked their make-up applied and ensuring the mirror was in the right position for the person to style their hair. A staff member described how they followed the care plan and gave examples of offering different items of clothing and colour of eye shadow to ensure the person had as much choice as possible and how important this was even if it took slightly longer.

People received care in a dignified and respectful manner. Staff were aware of ensuring people received care in a sensitive and discreet way, particularly when having personal care. A staff member said "I always seek permission before undertaking care tasks and ensure the bathroom door is closed and the person is covered sensitively to preserve their dignity". Staff were aware of respecting people's privacy in their own homes. A daily record had an entry stating: "They were having a family meal on arrival, so I offered to come back later".

During the inspection, we overhead telephone conversations about a hospital discharge and that the required equipment was not in place to enable the person to be dignified around toileting and other equipment needed to care for them at home. These phone calls were clearly advocating on behalf of the person about only returning home when everything was in place for the service to take over the care. This concluded with the discharge date being negotiated to give the person a good outcome when they returned home

The registered manager was determined to provide care that enhanced people's lives and stated "I want high quality care for the people we support". This was reflected in the feedback from people and their relatives and also the staff. The service had arranged a Christmas party with live entertainment for people using the service.

People were supported with excellent end of life care and their families were also supported during this time. Most

Outstanding ☆

Is the service caring?

staff had undergone end of life care training or it had been requested at their appraisals. Relatives were complimentary about the end of life care their family member had received. They praised the support staff gave them and how much it had meant to them that their relative was able to stay at home until they passed away. They felt staff were knowledgeable and quick to notice and report any changes in the person's condition. They said the person had described staff as "golden angels".

Staff spoke passionately about their work with people at end of life. They said it was a privilege to support people at the end of their lives and who wished to remain in their own homes. They understood the importance of working with other professionals such as GP's and district nurses and hospitals to enable people to remain at home with their loved ones if this is what they had expressed they wanted to happen. We saw evidence from cards received by relatives that they were comforted that their loved ones were able to remain at home until their death.

One staff member told us how they had supported a person in hospital to attend a family event. They had visited the person before the event to ensure they felt comfortable with who would be supporting them. At the end of the day when the person returned to hospital they expressed their appreciation and the staff member said it was clear what this had meant to them. The staff member explained the importance of providing care as someone approached the end of life and how important getting to know the family was and finding out about the person's values and beliefs. They understood the importance of giving privacy if other visitors arrived and offering to leave and return afterwards.

A professional was complimentary about the service stating: "Clients are always given three choices of care agencies and they always pick Golden Services. Feedback has been very good. They've always answered any questions and always come up trumps. I'm very pleased with them". A comment on a questionnaire sent to community professionals stated "I can say with confidence and without any doubt that Golden Services is a brilliant service and the best I have encountered in our county".

Good

Is the service responsive?

Our findings

People who used the service received care that met their needs and choices. This was confirmed by the respondents to our survey who all strongly agreed that care staff were responsive in meeting their needs. A comment on one of the questionnaires stated: "The availability and advice received from Golden Services is greatly appreciated. They are always contactable to help with any problem, large or small, which is a major plus, as my [family member name] has communication difficulties and the rest of their family do not live locally, so are not always around to help".

Staff understood the support that people needed and were given time to provide it in a flexible way. A person stated that they often changed their package at short notice if going on holiday and the service was always flexible around this. A care worker said they did their best if a person wanted to remain at home rather than going into hospital and said this was assisted by effective communication and working alongside GP's and district nurses

Relatives told us staff and management knew people well and provided personalised support. If people's needs increased, this was quickly identified and appropriate action was taken to ensure people's wellbeing was protected. We saw a note saying: "Thank you for assisting [relative] after his fall. Your calmness meant [relative] did not panic and we managed to keep him home which is what he wants. [Relative] thought you were marvellous". We saw evidence of referrals and contact with health staff. For example, a member of staff had been in contact with a GP on the morning of our inspection when they were concerned about the person's wellbeing.

People told us they were fully involved in their or their loved one's care planning and were happy to express their views or raise concerns. Initial assessments were carried out and were reviewed regularly to ensure accuracy and to make changes if needed. Staff told us they were always kept updated with any changes and that the care plans were very detailed for each task needed. A person had completed their own "About Me" document and had a detailed and descriptive care plan for the support tasks they required. The registered manager told us providing a personalised service was about "Building relationships and getting to know people well". There was evidence that health and social care staff had also provided information for the assessment. Assessments were completed before the service started and included people's aspirations. For example, "For [relative] to remain in his home as long as it is safe for him to do so".

Staff were knowledgeable about people's social and care needs. Care plans were regularly updated and contained detailed personalised information regarding people's support needs. People's care plans detailed the importance of promoting people's independence and feedback was seen stating "[Person] is happy with the service from all staff giving him the space and encouraging him to do as much as he can for himself". A care worker described encouraging a person to have a shave but respecting their choice if they chose not to.

Staff encouraged people they supported to access community facilities. One care worker told us they took leaflets about what was on offer locally to try and encourage someone to not feel socially isolated. They respected the person had the right to decline but wanted to ensure the person had the opportunity to engage in activities outside the home if they wished.

People were actively encouraged to give their views and raise concerns or complaints and were given information on how to do this. People and their relatives knew about the complaints procedures and said they would feel able to raise any concerns with the registered manager. However, people we spoke with had not needed to do so. One person said: "I have no complaints but would speak to [registered manager] if I did.

The registered manager carried out quality monitoring and three reviews a year took place to ensure people were happy with the care they received and to see if any needs had changed. Additional reviews could take place if needed. We saw that feedback was encouraged and people we spoke with described managers as helpful and approachable.

Good

Is the service well-led?

Our findings

People and their relatives were confident in the management and one relative stated: “Excellent - wish there were more (services) like them around”. People said that communication was good and they could always get hold of someone if needed. There was a clear management structure comprising the registered manager and another manager who were responsible for carrying out initial assessments, risk assessments, rotas and also working alongside the carers. They also visited people and family members to ensure a personalised service. In addition, there were two area managers, who helped with training new carers and assessing their competence.

Staff were aware of the roles and responsibilities of the management team and spoke highly of them. Staff felt confident in their roles and a staff member described feeling “Valued and praised”. Staff spoke positively about their job. One staff member said. “I love it”. Another stated “It doesn’t feel like work”. Staff felt that team work in the service was good and one commented they were “One team”. The registered manager was described by a staff member as “Absolutely fantastic” and “Extremely patient”.

The registered manager promoted strong values around caring, putting people at the centre of everything the service did. Staff adopted these values into their roles and showed commitment to the service. A community professional stated on the survey, “I have linked with this agency many times over a number of years and they have always been professional, helpful and practical. They will try to accommodate most packages of care and if need be with a different way of working and have considered anything I have approached them with. I have only had positive feedback from clients I have supported over the years”.

Staff were encouraged to develop their skills. One staff member stated: “I feel it is important to continue learning and encourage the other staff to develop their knowledge by identifying opportunities and courses to expand knowledge and keep current and best practice in our work”. We spoke with an area manager who told us her job was partly to manage some of the staff teams and also to deliver care to people. She felt this combination helped her to be aware of what the delivery of care involved but also to support and manage staff to deliver good care.

The registered manager had audit systems and processes in place to ensure care was delivered in line with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager and two other care staff had attended a workshop, which helped to identify that the service was meeting the legal requirements.

Staff attended regular team meetings with the registered manager. Discussions took place and if staff had difficulty addressing any issues, management would ensure this was covered sensitively but fully in team meetings. The staff also said the registered manager always provided lunch at these meetings and they felt appreciated and valued by this gesture.

The registered manager had a person centred approach when determining whether the service had capacity to meet a person's needs prior to offering the service. The registered manager told us, "I determine the service capacity around the skills of staff and people's needs rather than staffing hours available".

The service had developed strong working relationships with health and social care professionals and communicated with them to ensure people received consistent, positive, and reliable care.