

## Goldenrose Community Care Limited

# Golden Rose Community Care Limited

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

Golden Rose Community Care Limited is a domiciliary care agency that provides care and support to people in their own homes. On the day of our visit there were approximately 83 people using the service. The agency provides support to people with a range of care needs, which include older people, people living with dementia and people with physical disabilities.

This inspection took place on 28, 29, 30 April 2015. The provider was given 48 hours' that the inspection was going to take place. We gave this notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

# Summary of findings

At our previous inspection on 22, 24 and 25 July 2014 we found the provider had not met the requirements of the law in the following five areas:-

- Care and welfare of people who use services
- Staffing
- Assessing and monitoring the quality of service provision
- Notification of other incidents
- Records

During this inspection we found improvements had been made but further action was required for the service to become fully compliant with the law.

The registered manager has been registered since March 2015. 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 and associated Regulations about how the service is run.

People said they felt safe from abuse. Staff knew how to identify abuse, report concerns and received relevant training. Risk assessments were regularly reviewed to ensure people received safe and appropriate care. There were sufficient staff to provide care to people. People said staff did attend promptly however there were some occasions when care workers were late. Office staff were polite and always called back to update people on what was happening. Appropriate measures were in place to ensure staff administered medicines to people safely.

Staff who had undertaken relevant training could not confidently demonstrate their understanding of the

Mental Capacity Act 2005 (MCA). We have made a recommendation the service seek guidance on how to ensure the effectiveness of training undertaken by staff. The service sought consent before people's care, treatment and support was delivered. People received care and support from staff who received effective supervisions, training and appraisals. The service worked in partnership with other health professionals to ensure people received effective care and support.

People said staff were caring and treated them with respect and dignity. People were involved in the planning of their care, encouraged to exercise choice and be independent. Counselling and support was provided to staff during or after providing care to people who received end of their life care.

Reviews of care were regularly undertaken. Systems were in place to remind management of the dates reviews were to be undertaken throughout the year. People said they were involved in decisions made about their care and support needs. Staff demonstrated good understanding of people's care needs and family history. Care records showed people's preferences on how their care was to be provided. People knew how to make a complaint if they had concerns.

People and their relatives told us the service was well managed. The service had systems in place to manage, monitor and improve the quality of the service. The service submitted notifications of incidents to the Care Quality Commission in a timely manner. Staff knew how to raise concerns and felt confident to do this. The service sought feedback from people, those who represented them and staff.

# 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?

The service was safe.

People said they felt safe from abuse. Staff knew how to identify abuse, report concerns and received relevant training.

Risk assessments were regularly reviewed to ensure people received safe and appropriate care.

Appropriate measures were in place to ensure staff administered medicines to people safely.

Good



### Is the service effective?

The service was not always effective.

Staff who had undertaken relevant training could not confidently demonstrate their understanding of the Mental Capacity Act 2005 (MCA).

Staff demonstrated good knowledge about the care needs of people they supported.

Requires improvement



### Is the service caring?

The service was caring.

People said staff were caring and treated them with respect and dignity.

People were involved in the planning of their care, encouraged to exercise choice and be independent.

Counselling and support was provided to staff that provided care to people who received end of their life care.

Good



### Is the service responsive?

The service was responsive.

People said they were involved in decisions made about their care and support needs.

Staff demonstrated good understanding of people's care needs and family history.

People knew how to make a complaint.

Good



### Is the service well-led?

The service was well-led.

People said the service was well managed and staff spoke positively about the support received and were listened to.

Quality assurance systems in place were regularly monitored and reviewed.

Good



# Summary of findings

<p>The service notified the Care Quality Commission of incidents as legally required.</p>	
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# Golden Rose Community Care Limited

## 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 checked 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 28, 29, 30 April 2015. The provider was given 48 hours' that the inspection was going to take place. We gave this notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

The inspection team consisted of one 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. Their area of expertise related to older people. The expert by experience

conducted telephone interviews after the inspection to gather people's views about the service.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it. We asked the provider to complete a Provider Information Return (PIR). The PIR is information given to us by the provider. This enables us to ensure we are addressing potential areas of concern and any good practice. The previous registered manager did not complete the PIR and we took this into account when we made judgements in this report.

During this inspection we visited four people who used the service, spoke with three care workers, a team supervisor, quality assurance manager and the registered manager. We looked at five care records, three staff records and records relating to management of the service. Following the inspection we contacted five people who used the service and nine relatives.

# Is the service safe?

## Our findings

During our inspection in July 2014 we found risk assessments were not regularly reviewed and updated.

On this visit we found risk assessments were regularly reviewed and updated. For example, care records showed where people were identified at risk of falls, risk assessments were put in place that covered moving and handling, bathing and showering. These evidenced what staff should do to minimise identified risks and were up to date. Management told us risk assessments were reviewed six monthly or if earlier if required.

People we visited or who were contacted by telephone told us they felt safe from abuse. We heard comments such as, “They look after me well”, “They treat me safely” and “I feel secure with them. They’re very protective of me.” One relative told us care workers delivered care safely to their family member.

People were kept safe as staff had undertaken relevant training, knew how to identify abuse and report any concerns in order to protect people from harm. One staff member commented, “They taught us to contact management, we have to use our common sense.” Another staff commented, “We have to report everything and complete an incident report.” Staff were able to demonstrate their understanding of how to keep people safe. For example, one staff member explained the different types of abuse people could experience and what signs they looked for. They commented, “I have attended safeguarding training.” A review of staff records showed they had attended relevant training or were booked to attend refresher training. We reviewed the service’s ‘whistle blowing policy dated 18 March 2015. This policy outlined what staff should do if they had concerns. The safeguarding policy also dated 18 March 2015 gave staff guidelines on what they should do when dealing with suspected or alleged abuse.

We reviewed safeguarding alerts that had been reported to the local authority and saw appropriate action had been taken by the service.

People were protected as the service undertook safe recruitment procedures. Staff records showed criminal convictions checks were undertaken, written references were obtained and employment histories and medical questionnaires were completed.

People told us staff did attend promptly however there were some occasions when care workers were late. When this occurred they would contact office staff who were polite and said they would find out what’s happened and phone back which almost always happened. We heard comments such as, “My regular carers are prompt but will call if they are delayed”, and “They don’t come on time but do arrive and I am happy.” However, one relative said they were not confident that care workers would arrive on time and spoke about the impact this had on their relative. We informed management of the concerns they had raised.

There was sufficient staff to ensure people received safe care. People gave mixed comments such as, “I think they could do with more staff because there appears to be a number of changes of the rota, at weekends”, “I think they have enough staff, and I have not had any problems at all. I think they give a brilliant service. “Well you can always do with more staff, it is inevitable, people leave, and have holidays, off sick and whatever. I think they do well enough, but I think if they had more staff then we could have more consistency, so yes, more staff would be helpful.” “Yes I think they manage well.”

Staff gave varied comments about staffing levels. Such as, “I think there could be more. I am able to manage my workload, occasionally there are issues getting in between calls”, “I think there is unless three staff go on sick leave at once. This is something that does not happen regularly” and “I don’t think there is enough, it has an impact on full time staff that are left with a lot of work to do.” A review of staff rosters showed calls were being covered appropriately. We heard office staff organising cover for staff who were sick and staff ringing in to see if their calls could be swapped. The team supervisor told us staff rosters were currently being organised weekly however management were currently reviewing this. Management told us about their actions to employ more staff which they stated were on-going.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. We looked at the care records of one person we visited and found their medicine administration records (MAR) were fully completed. This captured the person’s name, name of the medicines prescribed, the time and quantity given and who administered them. A review of staff training records

## Is the service safe?

showed all staff had received up to date medicines training or were booked on refresher training. A review of the medicines policy dated 18 March 2015 supported what staff had told us.

Most people told us care workers did not administer their medicines. Their medicines were administered by either themselves or their relatives. However, people who did receive support from staff said they were happy with the support received. One person commented, "They give

medicines every morning and evening, there are no problems." Staff spoke about the procedures they followed when they administered medicines. We heard comments such as, "I watch them take the medicine and record what was given on the MAR sheet" and "We only administer medicines if they are in blister packs, I make sure medicines are kept safely where people are identified at risk, such as people with dementia. Most people manage their own medicines or have family to assist them."

# Is the service effective?

## Our findings

During our inspection in July 2014 we found staff did not always receive supervision and appraisal.

On this visit we found there were appropriate arrangements in place to support staff. Management told us new staff would receive six supervisions throughout the year and other staff would receive two supervisions and an end of year review. This was confirmed in the staff records reviewed. Staff told us they felt supported, one staff commented, “Supervisions are regular, if I have any problems or concerns, I can talk to my supervisor. I feel supported.” Another staff member supported this and told us an area of concern they had discussed in their supervision. A review of the staff member’s supervision records showed this concern was documented as well as the action required to address it. Staff records showed yearly appraisal meetings were undertaken.

Staff were not aware of the implication for their care practice of the Mental Capacity Act 2005 (MCA). This is important legislation which establishes people’s right to take decisions over their own lives whenever possible and to be included in such decisions at all times. Staff told us they had undertaken relevant training but some could not confidently demonstrate their understanding of the MCA in relation to their job roles. Staff records confirmed they had attended the relevant training.

Under the title, ‘Awareness and Reality’ care records evidenced people’s mental capacity was assessed. There was evidence to show consent had been sought and obtained for people before care, treatment and support was delivered. One person commented, “I can change my mind about whether I want to receive care.” Another person commented, “They (staff) explain and ask for my permission.”

People were supported by experienced and skilled staff. Most people and their relatives felt staff were skilled for the tasks they had to do. They told us staff knew how to use equipment such as hoists, roundtables and turntables. This equipment was used to help people be able to move easily. One person told us they were happy with the way staff used the equipment to help them move from one place to another. Another person commented, “Carers are skilled

but some are more experienced than others.” However, one relative felt staff were not trained and commented, “They (staff) seemed to do things differently as if they thought of their own way to do things.”

Staff received training that enabled them to care and support people effectively. One staff member commented, “I love going training because things change a lot and you get updated.” Another staff member commented, “The training received has helped me to do my work.” Another staff member stated they felt training could be more regular and commented, “When I first started I felt we were regularly updated on training now we get training once a year.” Staff training records showed staff had received the service’s essential training or were booked to attend.

Several people said that at times they had problems understanding and communicating with care staff whose first language was not English. One person commented, “Some carer’s English language skills are inadequate.” A relative told us that whilst the care they provided was good, their relative found it; “Very frustrating” when the care worker was not ‘English’ and they struggled to understand each other. Another person said; “We can just about understand each other”. However other people told us although there were a number of care workers who came from abroad their English was good. The provider confirmed their recruitment process included assessments of applicant’s written and spoken English and that additional support was provided where necessary to build the confidence and competence of those staff whose first language was not English.

People were supported to have enough to eat and drink. Care records evidenced the types of support people received and who provided it. For example, one person had a live-in carer from another agency who prepared all their meals and drinks. The care record documented the person had no issues with food and drink. The team leader told us about another person who they supported after it was identified the person had steadily lost weight. The team leader said, “We were allocated one and half hours to do shopping. We bought what they liked to eat and regularly recorded their weight. This resulted in their weight gradually increasing.”

The service worked in partnership with other health professionals to ensure people received effective care and support. The team leader commented, “We work with district nurses and on occasions occupational therapists.



## Is the service effective?

We also liaise with social workers.” This was supported by a care worker who commented, “We have a lovely team of district nurses. I can phone them up if I have any concerns. They are very supportive.” Care records showed visits from external health professionals and how they worked with staff to provide care and support to people.

**We recommend the service seek guidance on how to ensure the effectiveness of training undertaken by staff.**

# Is the service caring?

## Our findings

The majority of the people we spoke with, both relatives and people who used the service felt staff were caring. We heard various comments such as, “They (staff) make sure I am alright, one staff in particular is very caring”, “They (staff) very thorough. There is no doubt I am well cared for” and “They (staff) are caring, they take me out in my wheelchair.” People said they felt staff were caring and behaved well and did what they were supposed to do in a friendly manner. Several people talked about hearing chatter and laughter all the time while the care was going on and one relative told us their family member thought the carer’s time with them was “the highlight of the day.”

Most people told us staff treated them with respect and dignity. One person commented, “I am absolutely treated with respect.” A relative commented, “Staff always talk to X about the things they are interested in and listens to what they have to say.” People told us staff always ensured they were covered up appropriately when personal care was being carried out. However, one relative told us this had not happened on a recent visit to their family member. The relative told us they felt confident to speak to management about this.

People were involved in the preparation of their care plans. Two people remembered going through their care plans with staff. A relative commented, “X knows what’s was in their care plan.” Most people said a social worker had arranged their care. This was either through a hospital or a

community social worker. Several people told us their relatives did all the arrangements with the service. All but one was happy with the arrangements and knew what they were. People said they knew the phone number of the agency and most had phoned at least a few times.

People were supported to exercise choice and encouraged to be independent. One staff commented, “We encourage people to carry out their own personal care, they would ask for our assistance if this is needed.” This was supported by one person who commented, “They (staff) will stand back and let me do things, unless I can’t do it for myself.” Another staff member told spoke about a person who had no motivation due to their limited mobility. The staff commented, “We encouraged X to do physiotherapy exercises.” This was supported by the person’s family member who commented, “X cannot walk at all, and the carers encourage them to get involved in movement, which he is starting to do.”

End of life care was a part of the service’s essential training for all care workers. This was evidenced in the staff training records we reviewed. All care workers we spoke with told us they all had experienced providing end of life care to people. One staff member commented, “I found it quite upsetting and had to go to the next call, there was no support on offer.” Another staff member commented, “If we need support it’s there.” Management told us all care workers had access to counselling and support if that were needed during or after providing care to people at the end of their life.

# Is the service responsive?

## Our findings

During our inspection in July 2014 we found care plans were not regularly reviewed and updated. On this visit we found care plans were regularly reviewed and updated. Management explained care plans were reviewed yearly or when people's circumstances changed. Reviews of care were undertaken with people and their relatives. This was confirmed by the people we spoke with who were able to say when this had occurred. One person commented, "A manager came to explain what the carers should be doing." Some people told us they had not had a review as yet. Management told us they had scheduled dates for reviews to be undertaken. We saw the system used to remind them of the dates and reviews scheduled throughout the year.

People said they were involved in decisions made about their care and support needs. Relatives also confirmed they were consulted, with their relative's consent, in the decision making process.

People told us the care delivered was centred on their wishes. Care plans captured people's preferences and included variable amounts of personal information for people who received care. Such as what time they liked to get up and go to bed, food they like to eat, if they belonged to a faith or religion and if so, dates of celebrations. One person commented, "They (staff) know me very well." We noted each person's care plan had a document titled, 'client diet, ethnicity and religion'. This document listed the

names of various faith and religions and what food people of those faith and religions were not permitted to eat. This ensured staff delivered person centred care that was responsive to people's needs.

Staff demonstrated good understanding of people's care needs and family history. They were able to identify events and people who were important to them and had a good knowledge of their individual preferences as to how their care was provided. For example, one care worker commented, "X is a lovely person, they have hearing difficulties so you have to speak very loud." This was supported by our visit to the person, who asked us to speak loudly because they had hearing difficulties. Another person commented, "I like reading the daily newspaper, carers know to bring a newspaper when they come in the mornings."

People knew how and who to make a complaint to, if they felt it was necessary to do so. Care plans contained the complaints procedure. This clearly detailed the procedure to follow if people wanted to complain. Comments included, "I would speak to the carer first but if this did not work I would speak to the office" and "I would speak to my family member about it and they would speak to the office". Another person told us about a complaint they had made and how it was handled satisfactorily. Two people told us about concerns they had. We passed this information to management who told us they were not aware of them and would investigate.

# Is the service well-led?

## Our findings

During our inspection in July 2014 We found the service did not have systems put in place to monitor, manage and improve the quality of the service. The service did not notify the Care Quality Commission (CQC) without delay of any incidents that affected the welfare, health and safety

Of people who used the service. Records were not factual, accurate and fit for purpose.

On this visit the service had systems in place to manage, monitor and improve the quality of the service. For example, the service undertook spot checks. These covered whether care workers arrived to people's homes' on time, worked in clean uniforms, wore identification badges, used equipment correctly, completed daily records satisfactorily and carried out care tasks appropriately. We noted these were conducted regularly, were up to date and signed by the person who carried out the check. This ensured people received support from staff who carried out safe working practices. Some people told us some staff did not wear their identification badges, we spoke to management about this. The quality assurance manager stated care workers were expected to wear identification badges however some carers had expressed concerns that their badges causing marks on people's bodies whilst they carried out personal care. In those instances care workers were given permission not to wear them but place them in their pockets and but to show them to people as and when required.

The service submitted notifications of incidents to the CQC in a timely manner. Care records, supervision records and records relevant to the management of the service were factual, accurate and up to date.

Most people felt it was a well-run service. We heard comments such as, "We are very content with them, we would not want to change", "and The carers are wonderful. It is a friendly business" and "They (staff) communicate well." Staff spoke positively about the service. One staff member commented, "We all get along, managers and supervisors." Another staff commented, "I did have to pull them (management) up on lack of communication between the office staff and care workers, this has now improved."

Staff knew how to raise concerns and felt confident to do this. One staff member commented, "I would go to management if I had concerns." A review of staff supervision notes showed staff were given the opportunity to raise any concerns.

Minutes of meetings showed quality assurance was an item on the agenda. For example, a review of team minutes dated 28 January 2015 showed discussions were held with staff on 'client care' and dignity and respect. Staff were also given the opportunity to give ideas on how staffing levels could be improved. Another minute of meeting dated 4 February 2015 showed staff were reminded to complete records correctly.

There was evidence of various audits undertaken. For example, care plan audits which identified gaps in care records and ensured care and risk assessments were regularly updated and reviewed. A review of the MAR sheet audit log showed checks were undertaken to ensure medicine records were accurate. 'Medication changes in home' document recorded what medicines had been added or taken away from people's prescriptions. This meant there were systems to continuously identify, analyse and review risks that had the potential of placing people's welfare and safety at risk of harm.

The service sought feedback from people, those who represented them and staff. We reviewed the service's 'service user satisfaction report' conducted in 2014. This gave people the opportunity to provide feedback on various aspects of the service they received. We saw 100% people stated they were satisfied that the service met their needs. Management told us that 60 surveys were sent out last year however, there some people they did not send surveys to due to them having no family member to assist them or they could not speak for themselves. Care workers would offer to assist to help them complete the surveys. The response rate was low with only 23 people returning the surveys. Some people told us they had received the forms and gave no reason as to why they did not complete it, however they told us they felt they could provide feedback if they wanted to. Management told us they were currently at ways to improve this. At the time of visit satisfaction surveys were being sent out to staff.

The service had systems in place to capture complaints. A review of the complaints log showed all complaints received were responded to appropriately.