

# Golden Heart Healthcare Services Limited

# Golden Heart Healthcare Services Limited

## Inspection report

2 Stonecot Close  
Sutton  
Surrey  
SM3 9HR

Tel: 02086414797

Date of inspection visit:  
10 February 2017

Date of publication:  
09 June 2017

## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

This announced inspection took place on 10 February 2017. The provider was given 24 hours' notice. This was to ensure the registered manager would be available to provide us with the necessary information. At our last inspection on 6 and 8 September 2016 we found the provider was breaching the regulations relating to safe care and treatment, staffing, fit and proper persons employed and good governance. Following the inspection they sent us an action plan in which they told us they would make all the necessary improvements by 1 February 2017.

We undertook this focused inspection to check that they had followed their action plan and to confirm that they now met legal requirements. In addition we received some information of concern prior to the inspection alleging that the provider was using staff who did not have the right to work in the UK which we also intended to check.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Golden Heart Healthcare Services on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Golden Heart Healthcare Services provides domiciliary care to older people living in their own homes in and around South London. Some people received live-in care. Several people were living with dementia and some had physical disabilities. Our inspection findings indicated there were 12 people using the service at the time of our inspection, although we were unable to confirm this. This was because the number of people the registered manager told us were receiving a service initially did not match numbers shown on staff rotas and in information the registered manager sent us after the inspection. This indicated the service was not managed effectively.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

At our last inspection we identified people were at risk of receiving care from staff who may be unsuitable. During this inspection we found that two staff recruited since our last inspection had no recruitment documents on file which indicated the registered manager had not carried out any checks on their suitability. In addition other staff did not have references, criminal records checks, proof of address and evidence of the right to work in the UK. We forwarded this information to UK Border Agency (UKBA) for further investigation. In addition we raised a safeguarding alert with the local authority due to concerns of people receiving care from staff who had not been checked thoroughly to ensure they were suitable to work in this sector.

Although the provider had reviewed risk assessments relating to people's individual needs these were insufficient. They did not always follow Health and Safety Executive (HSE) guidance and there was a lack of

guidance for care staff on how to reduce risks to people. There were no suitable risk assessments in place relating to some people's risks which meant the provider could not be sure they were doing everything possible to mitigate risks to people.

The registered manager had put in place an induction for new staff and told us they would use the Care Certificate so new staff would reach a nationally recognised standard of skills and knowledge during their induction for new staff starting after 1 February 2017. The registered manager put a training programme in place to include annual mandatory training for all staff in topics such as safeguarding, medicines administration and first aid. However, staff did not receive training or competency assessments in using hoists safely even though one person required a hoist to transfer. In addition staff were not receiving formal supervision and appraisal from the registered manager to help them develop in their role. This meant people were at risk of receiving unsafe care from staff who had received inadequate training and support from the registered manager.

The provider had not put in place quality assurance processes to ensure internal systems and processes were checked so the service could continually learn and improve practice. The provider still did not have suitable arrangements in place to seek feedback from people, and also from staff, on the service. The provider had not notified the CQC of significant events including an allegation of abuse as required by law.

At this inspection we identified repeat breaches of Regulations 12, 17, 18, 19 of the Health and Social Act (2008) Regulated activities and a new breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We have taken urgent action and we are taking further action against the provider in relation to the repeat breaches of regulations and this will be added at the back of this report after representations and appeals processes have concluded. You can see the action we took in relation to Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 at the back of the full version of this report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 provider had taken insufficient action to ensure the service was safe. The provider continued to assess risks to people in a way which was not robust and did not always mitigate the risks. There remained insufficient guidelines for staff to keep people safe from harm.

The service still did not carry out the necessary recruitment checks for new staff to check they were safe to work with people. Several staff were working without any criminal records checks, references or checks of their right to work in the UK being carried out.

**Inadequate** ●

### Is the service effective?

The provider had taken insufficient action to ensure the service was effective. The registered manager had put in place an induction and introduced a training programme to include mandatory training in key topics. However staff did not receive training or competency assessments in using hoists safely. Also, staff did not always receive supervision and appraisal from the registered manager to support them to meet people's needs. This meant people were at risk of receiving care from staff who did not receive appropriate training and support to carry out their roles.

**Requires Improvement** ●

### Is the service well-led?

The provider had taken insufficient action to ensure the service was well-led. The registered manager had not put sufficient quality assurance systems in place to assess, monitor and improve the service. Systems for the registered manager to gather feedback from people and staff were not in place.

The provider had failed to inform the CQC of significant events that they must report by law, including an allegation of abuse.

**Inadequate** ●

# Golden Heart Healthcare Services 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 February 2017 and was announced. We gave the registered manager 24 hours' notice to ensure they were available when we visited. It was undertaken by a single inspector.

Before our inspection we reviewed information we held about the service and the provider. We received information of concern from another government body that the provider may be employing staff who do not have the right to work in the UK. We also contacted the local authority safeguarding team to ask them about their views of the service provided to people.

During the inspection we spoke with the registered manager. We looked at four people's care records to see how their care was planned and delivered, 13 staff recruitment files and records relating to the management of the service.

After the inspection we spoke with two people using the service and two members of staff to gather their feedback.

# Is the service safe?

## Our findings

At our last inspection we found recruitment practices were not always safe. This was because the service did not always ensure suitable references for staff were obtained before they started work. In addition the provider accepted criminal records checks for staff from other organisations without carrying out a risk assessment to mitigate risks relating to this, often without carrying out their own criminal records check.

After the last inspection the provider wrote to us with their action plan setting out how they would meet legal requirements in relation to the safe recruitment of staff. They told us they would ensure staff had references from previous employers to be held on staff files. They also told us they would obtain criminal records checks for staff before they begin working with the agency. They told us they would be meeting the requirements of this regulation by 1 February 2017.

People told us they were happy with the staff who cared for them. One person said, "I'm extremely happy with the quality of care. [The staff] are totally reliable." However, during this inspection we found evidence that people remained at risk from unsafe recruitment and the provider because had not taken all the action they had set out in their action plan. The registered manager had obtained references for some staff since our last inspection, although we identified five staff who were working regularly who had no references on file. We also identified further concerns regarding the way in which the registered manager recruited staff.

The registered manager told us there were 12 staff working for the service. However, through looking at rotas we identified this was inaccurate and there were at least 20 staff working for the service. Records showed and the registered manager confirmed they had not carried out criminal records checks for four staff who were working some days most weeks. The registered manager was also unable to show us evidence five staff had the right to work in the UK. We reported this finding to the UK Border Agency (UKBA). For six staff no proof of address had been obtained by the registered manager and held on file as required by law. The registered manager told us they were awaiting references and criminal records checks for some of the staff. For other staff they told us the staff were not sure they wanted to work for the organisation so they allowed them to work without checks being carried out so they could decide if they wanted to work for her. However, this meant there was a risk people were supported by staff who were unsuitable.

For two staff the registered manager held no recruitment documentation on file at all so they could not evidence they had carried out any checks on their suitability to work with people. The registered manager told us they supervised one of these staff members for every shift, including regular waking nights and other staff supervised the other staff member at all times. However rotas indicated both staff were lone working with people using the service with no evidence they were supervised by other staff. This meant people may have received support from staff who were unsuitable to work with them.

These issues meant the service continued to be in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found the provider did not always assess risks associated with people's health, care

and support needs in order to mitigate them. Care staff did not always have sufficient information or guidelines to keep people safe from harm. These risks included risks relating to moving and handling, falls, warfarin and other high risk medicines, stoma care, behaviour which challenges the service, pressure ulcers, recurrent chest and urine infections. After the inspection the provider wrote to us with their action plan setting out how they would become compliant with this regulation by 1 February 2017.

During this inspection we found the provider had not taken sufficient action to manage risks appropriately to ensure people's safety. The provider had put partial risk assessments in place to address some risks to people. However, these were inadequate as they had not followed Health and Safety Executive (HSE) guidance in carrying out risk assessments thoroughly and putting suitable management plans in place to reduce the risks. For risks relating to supporting people to transfer and continence the registered manager had not assessed the likelihood of harm and the associated impact that could result, as recommended by HSE. Manual handling, falls, continence and malnutrition risk assessments also did not set out precautions staff should take to mitigate the risks and did not guide staff in how they should support people. For example, continence risk assessments did not consider risks relating to infection control. Risk assessments also did not always set out who may be harmed and how. When risk assessments identified people should be supported to access professional support, such as from the falls team, the registered manager confirmed they had not always taken this action. This meant people may not be receiving the support they needed from external professionals to help mitigate risks.

One person required a hoist to transfer. The registered manager told us an Occupational Therapist (OT) had carried out a risk assessment and prepared guidance for staff to follow in using their home. However, the registered manager they did not have a copy of this risk assessment and guidance. Records showed the registered manager had put their own risk assessment in place. Yet this was insufficient because it did not properly assess the risks relating to transferring the person and there was no guidance for staff to follow as part of keeping people safe. When we raised our concerns with the registered manager they told us they would obtain a copy of the OTs risk assessment and ensure staff were following.

Although we identified some people had factors which would increase their risk of developing pressure ulcers, the provider did not assess these risks in order to mitigate them. When we raised our concerns with the registered manager they agreed they were unable to monitor people's risk of developing pressure ulcers because they did not carry out risk assessments relating to this. This meant they were unable to ensure they were mitigating risks to people. Two people had grade 2 pressure ulcers as well as histories of developing pressure ulcers. These people received frequent support from tissue viability nurses in treating their pressure ulcers. In addition, although staff did not receive specific training in pressure ulcer care, records showed the registered manager had discussed this with them in a recent staff meeting. The registered manager told us they would consider training staff in pressure ulcer care formally.

The registered manager confirmed there were no risk assessments in place for people at risk of recurrent chest and urine infections and in relation to a person who used a stoma bag. This meant the registered manager could not be sure risks to people were being mitigated to help ensure people's safety.

The registered manager agreed the risk assessments in place to assess and manage risks to individuals were largely insufficient and told us they would review them as soon as possible, in line with HSE guidance.

These issues meant the service continued to breach Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service effective?

### Our findings

At our last inspection we identified the registered manager did not provide staff in induction or training in topics such as medicines management, moving and handling and safeguarding to staff. Although staff told us they received supervision and appraisal records of these had not been kept so we were unable to evidence this. After the inspection the provider wrote to us with their action plan which stated they would make the necessary improvements by 1 February 2017.

People told us they believed staff were well trained. One person said, "They know what they are doing." However, the provider was not ensuring staff received appropriate training and that they were adequately supported in their roles. At this inspection the registered manager told us they had not yet begun supervising staff and had not yet provided appraisal, although they intended to do this. They showed us observations of staff they had carried out, but these were carried out in people's homes and so did not provide staff a suitable opportunity to raise concerns or seek guidance about how to care for people. They also did not review staff personal development or training needs.

Although a person required the use of a hoist the provider did not offer staff training in how to use hoist safely. The registered manager told us they ensured staff had received training in their former employment in using the particular hoist for this person before they worked with them. In addition the registered manager did not carry out any competency assessments of staff using the hoist to make sure they operated it safely. This meant people were at risk of being supported by staff who had received insufficient training to meet their moving and handling needs safely.

These issues meant the service continued to breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the registered manager had put a training programme in place and had set out certain training which was mandatory for staff to complete annually. This mandatory training included safeguarding, health and safety, infection control, manual handling, Mental Capacity Act (2005), safe administration of medicines, control of substances hazardous to health (COSHH) and dementia. Staff also received annual training in manual handling, but this did not include instruction on the use of equipment such as hoists and slide sheets. The registered manager confirmed she was putting in place an annual medicines competency assessment to check staff administered medicines safely to people.

The registered manager had put an induction programme in place for new staff to follow to help them learn about the organisation and what was expected of them in their role. The registered manager told us they would also implement the Skills for Care 'Care Certificate' for new staff. The Care Certificate is a national induction programme designed to give all new care workers the same knowledge, skills and behaviours when they begin their roles. It covers the basic range of topics all care workers should know as part of their role.



## Is the service well-led?

### Our findings

At our last inspection we found there were no quality assurance processes to ensure internal systems and processes were checked so the service could continually learn and improve. People had not been asked to take part in any surveys or to feedback on the quality of care they received. The registered manager did not keep records of complaints, safeguarding concerns, supervisions, appraisal, training and staff meetings.

After the inspection the provider wrote to us with their action plan setting out how they would make the necessary improvements by 1 February 2017.

The provider did not run the service in an effective manner. They did not provide us accurate information about the number of people using the service and the number of staff employed when we asked for it. When checking records we found the numbers of staff and service users did not match the initial information given by the registered manager. When we first asked, the registered manager told us there were seven service users and 12 staff with five who had been newly recruited and were awaiting references and criminal records checks. However, rotas showed there were 12 people receiving care from around 25 staff.

People told us they believed the service was well led. One person said, "[The registered manager] has given me strict instructions that if I'm at all ill I should call her straight away." However, at this inspection we found that the provider had not taken all the action they told us they would in their action plan. The registered manager carried out spot checks of staff working with people in their homes. Records showed these assessed various aspects of how well staff supported people with their needs. However, these were carried out infrequently, with spot checks being carried out on only four of 25 staff employed, since the last inspection. The registered manager told us they had not introduced any other audits to assess, monitor and improve the service. In addition the provider had not introduced any ways to gather feedback from people using the service or staff as part of monitoring and improving the service. These issues meant the providers' quality assurance system remained insufficient and the issues we identified in our inspection had not been identified and resolved

These issues meant the service continued to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had improved record keeping slightly as they now kept clear records of staff meetings which were held every six months. The registered manager was working on a matrix showing training staff had received and they sent the completed matrix to us a few days after our inspection. Records of supervision and appraisal were not in place because they had not been carried since our inspection and the registered manager told us they had received no complaints since the last inspection.

We identified the provider did not send us the notifications they are required to send us about abuse or allegations of abuse. The registered manager told us they recently made a safeguarding referral to the local authority regarding one person.

This issue was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The registered person did not notify the Commission without delay of any abuse or allegation of abuse in relation to a service user and a person developing an injury which would result in a structural change to their body if it were not treated. Regulation 18(1)(2)(e)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person did not have effective systems to ensure that risks to the health and safety of people who used the service were appropriately assessed and mitigated. Regulation 12(1)(2)(a)(b)

### The enforcement action we took:

The CQC took enforcement action to cancel the registration of the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person did not ensure the service assessed, monitored and improved the quality and safety of the services and risks relating to the health, safety and welfare of people including mitigating these risks. Regulation 17(1)(2)(a)(b)

### The enforcement action we took:

The CQC took enforcement action to cancel the registration of the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Recruitment procedures were not established and did not operate effectively to ensure staff were of good character, had the necessary experience for the work, be able to carry out the work by way of health and that the information specified in schedule 3 was available in relation to all staff. Regulation 19 (1)(a)(b)(c)(2)(a)(3)(a)

### The enforcement action we took:

The CQC took enforcement action to cancel the registration of the provider.

Regulated activity	Regulation
--------------------	------------

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not receive appropriate training, supervision and appraisal to enable them to carry out their duties. Regulation 18 (2)(a)

**The enforcement action we took:**

The CQC took enforcement action to cancel the registration of the provider.