Goldsmith Personnel Limited

Goldsmith Personnel Limited (Oxfordshire)

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

Summary of findings

Overall summary

The inspection took place on 4 April 2017 and was announced with 48 hours' notice. Goldsmith Personnel Limited (Oxfordshire) is a domiciliary care agency registered to provide personal care in people's own homes. At the time of this inspection 25 people were receiving the regulated activity of personal 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. At the time of the inspection, the registered manager was on extended leave. The service was being run by a manager during this period.

At the last inspection on 21 February 2016, we asked the provider to take action to make improvements. These included ensuring risks to people were recorded in their care records. At this inspection on 4 April 2017 we found improvements had been made. Risk assessments in relation to people's individual risks were in place. These set out how to support people in a way that mitigated the hazards identified.

There were enough care staff deployed by the service to support people safely. Checks were carried out on care staff before they began working at the service to ensure they were suitable to work with vulnerable people. Care staff had the knowledge and received training how to recognise and report concerns to keep people safe. Records regarding people's medicines had been completed.

At the last inspection on 21 February 2016, we asked the provider to take action to make improvements. These included ensuring the manager and all staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and accurately recorded any decisions necessary. At this inspection on 4 April 2017 we found improvements had been made. The service followed the guidelines within the Mental Capacity Act 2005 and consent to care was sought before care was undertaken. People's hydration and nutrition needs were managed well. People were supported to have access to health professionals where needed.

Staff received the training and support from their managers that enabled them to deliver effective care and carry out their roles and responsibilities.

People were supported by caring staff who took the time to get to know people's needs. People were provided with information about their care and privacy and dignity was respected and promoted.

People had been assessed to determine if the service was able to meet their needs. Care plans were accurate, up to date and contained personalised information about people's care and emotional needs and relevant personal history. Regular reviews of people's care needs had taken place. People knew how to complain and complaints were responded to in line with provider's policy.

The manager promoted a positive culture that meant people had personalised care from staff that cared for

them. The service was well managed and care staff commented they felt supported and said how much they enjoyed their jobs. Records were well kept and were up to date which meant care was monitored closely. Quality of the service was monitored and actioned if changes or improvements were needed.

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.

Care staff recorded when medication had been administered.

Management and care staff had a good understanding of potential abuse and how to report concerns to ensure people were kept safe.

People had risk assessments in place related to their individual and environmental risks.

Appropriate recruitment systems were followed to ensure care staff were safe to work with people.

Is the service effective?

Good

The service was effective.

Care staff had received appropriate training and received a thorough induction before working with individuals. Care staff received regular supervision.

People were able to make their own decisions as care staff understood and had received training on the Mental Capacity Act 2005.

People were appropriately referred to professionals when needed.

Is the service caring?

Good

The service was caring.

People spoke highly of the care staff.

People were supported by care staff who described the importance of treating people well.

Care staff had developed trusting relationships with people.

People receiving end of life care were supported in a compassionate manner.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in planning their care.

People's views and needs were reflected in personalised care plans which were reviewed regularly.

Feedback from people was sought and concerns and complaints were investigated.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place.

The service worked to ensure people were cared for safely, effectively and respectfully.

Care staff were happy in their work, motivated and had confidence in the management

Quality assurance systems were used to monitor the performance of the service.

The service worked in partnership with organisations to support care provision for people.

Goldsmith Personnel Limited (Oxfordshire)

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 4 April 2017 and was announced. We told the registered manager two days before our visit that we would be coming. We did this because we needed to be sure the registered manager would be in the office. This inspection was undertaken by one inspector and an Expert by Experience who made phone calls ask people about their experience of receiving care from the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the service. This included details of its registration, previous inspection reports and any statutory notifications submitted by the service. Notifications are information about important events the service is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned as requested.

On the day of our inspection we spoke with the Head of Operations, the manager, and three care staff. We also spoke with 11 people and 10 of their relatives. We spent time looking at records, which included four people's support plans. We looked at three staff recruitment, training and supervision records. We examined information relating to the management of the service, such as quality assurance audits and reports. We also looked at the safeguarding adults and whistleblowing policies and procedures and the complaints policy. We also contacted external professionals for further feedback and received one reply.

Good

Is the service safe?

Our findings

People told us they felt safe with the service provided. One person told us "I would describe [care staff name] as very gentle but very strong. I feel safe with [care staff name], definitely." Another said, "There is always someone there on the end of the phone."

At the last inspection in February 2016, we identified that people were not always protected from risks as not all guidance around these had been incorporated into people's records. Therefore, care staff were not always aware of these risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A requirement notice was issued and at this inspection in March 2017 we found improvements had been made.

People had been individually assessed to ensure any risks were known of and managed. Risk management plans were put in place to protect people from harm and maintain their safety. For example, one person was at risk of pressure sores. We saw guidance in place for staff to reposition the person on all visits and check the skin for any sores. It described equipment in place to minimise damage such as a pressure mattress and boots to protect their feet. We saw from the person's daily records that repositioning had taken place at all visits and relevant recording and action if concerns over the skin. Other people's records contained information and guidance on areas such as falls, bathing, moving and handling, and nutrition. All risk assessments had been reviewed every six months or when changes were needed.

People's homes had been risk assessed to ensure the environment was as safe as possible. This included checking smoke alarms, assessing if carpets and rugs posed any risks and if the stairs were safe. Risk assessments were also in place to protect care staff during their delivery of care. For example, to ensure the bed was at the correct height and to avoid twisting during moving and handling to minimise injury to themselves.

Where needed, people had received their medicines as prescribed by care staff that had received the relevant training. Care plans indicated whether care staff were to 'assist, prompt or administer' medicines. When people were prompted or reminded to take their medicines this was recorded in the daily records. One person said, "They write everything down so I always know where I am with my pills." A relative said, "[Name] used to refuse to take his medicines at first and he was very difficult. He did not want to have care staff and was very angry, but they have totally won him round. Now he takes them with no fuss." Records showed that care staff had been observed administering medication during spot checks which evidenced their competence to do so safely.

People felt there were enough staff. The service monitored missed calls but had none to report. None of the people we spoke with had any missed visits. Some people reported calls could be late but they accepted that this was sometimes unavoidable. They told us a system was in place that meant they got a call if the care staff were going to be more than 10 minutes late.

People were protected as care staff and the manager were aware about the processes to follow if abuse was

suspected. Care staff we spoke with told us they had received safeguarding training and updates. One staff member said, "We make sure people are safe. I know how and who to report any concerns to". They also stated they could contact other organisations such as the CQC if concerned the issue was not being dealt with. We saw that safeguarding was discussed at staff team meetings.

A thorough recruitment policy and procedure was in place. We looked at the recruitment records for staff and saw that they had been recruited safely. Records included application forms (including employment histories, with any gaps explained), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure the service had a good recruitment process; people employed were of good character and had been assessed as suitable to work in the service.

People were protected in the event of an accident or incident. The service informed us there had been no accidents or incidents that needed reporting since the last inspection.

The service ensured there were emergency plans in place in the event of an incident affecting the service. For example, a fire, adverse weather or a staff shortage. These included procedures of support for individuals to ensure they carried on receiving the support they required.

Care staff had undergone infection control training and were issued with the correct and appropriate amounts of personal protective equipment, such as aprons and gloves.

Good

Is the service effective?

Our findings

At the last inspection in February 2016, we identified that the principles of the Mental Capacity Act 2005 (MCA) were not always being followed. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found care staff did not have a good understanding of what action to take if a person did not have capacity to consent. We found people's capacity to make decisions had not always been assessed when there was an indication that person may not have capacity to consent to support. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A requirement notice was issued and at this inspection in March 2017 we found improvements had been made.

The registered manager and care staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Care staff had completed training on the MCA and DoLS during their initial week's induction course. This meant they were able to ensure people had choices and their rights weren't withheld. A relative told us that a member of care staff had raised concerns with her about her relative's capacity to spend money wisely. The person had been trying to 'tip' the care staff and this was immediately dealt with. We saw also saw care staff had been involved in making a best interest decision about discharging a person home from hospital.

People felt care staff were well trained to carry out their roles and willing to learn how they wanted care delivered. A person told us that although initially care staff did not have a good awareness of a specific health need this had improved. They said, "At first it was hard because I felt that they did not really know how to help someone with my [health condition]. I almost felt that I was training them – but they understand me now and everything works like clockwork. I rely on them and my life would be very depressing without them. They make sure I am comfortable, and everything is in the right place where I can find it." Another person said they felt the care staff were well prepared for their roles saying, "The new staff come along and shadow an existing team member at first to learn the ropes. That way we all get to know each other."

People were supported by care staff that had good knowledge and received training appropriate to their roles. Care staff completed an induction programme when they started to work for the service and were up to date with their training. We observed that the service had a training room that contained equipment such as a profiling bed, a hoist and walking aids. This meant that new care staff and those undertaking update training could practice using the equipment. A care staff told us that when they started in post, they had a period of shadowing an experienced colleague before working independently. We looked at the training records which showed staff had completed a range of training courses which included: moving and handling, first aid, safeguarding adults, the Mental Capacity Act, and infection control. Additional training was provided where necessary. For example, we saw that care staff had received training on Percutaneous Endoscopic Gastrostomy (PEG) feeding. A PEG tube is a feeding tube which passes through the abdominal

wall into the stomach so that feed, water and medication can be given without swallowing. The person's relative was also provided with training alongside care staff. This meant consistent advice was received by all involved in the person's care.

People's nutritional needs had been assessed. These included risks of malnutrition, dehydration and diabetes. People's care plans included assessments detailing their dietary requirements, food likes and dislikes, food allergies and the support they required from staff at meal times. Care staff we spoke with were aware of the importance of encouraging people to have a good intake of fluids and food. We saw records reflected people were provided a hot meal of choice, or where assistance was needed to help the person prepare their lunch and drinks. People we spoke with felt they were supported well with meeting their nutritional needs. We saw in people's daily records that food and drink was prepared as stated in their care plans. Another person enjoyed cooking but was mainly having microwave meals which they weren't keen on. A member of care staff visited once a week to do some batch cooking with the person of meals they enjoyed. These were then frozen and defrosted for meals during the week.

Care staff had regular supervision meetings with their managers and an annual appraisal. We saw a monthly supervision matrix showing when the last supervision had taken place and when the next one was due. These were held every three months which was in line with the provider's supervision policy. Care staff also had an annual appraisal where their overall role was reviewed and any development needs were discussed. Care staff told us they felt supported by their manager. We received comments such as, "I feel very supported" and "I feel content in my job."

People were supported to access health services. People's records evidenced that relevant referrals were made when needed.

Good

Is the service caring?

Our findings

People and relatives spoke extremely highly of the kindness, respect and compassion with which they or their relatives were treated. A person who had moved their care from another service said, "What a difference! I used to feel that they [the care staff] were in charge before, but now I feel that I am. They listen to me and I feel as if they really do care about me – and I care about them." Another person said, "It's just a feeling that you are more than just a job of work for them. They treat you like a person. They know I like to keep up with the news so they always ask me what I think about so-and-so. And they tell me about their families, and ask about mine."

People did not feel rushed during their care. One person said, "I know they have to go straight on to the next person, but they always take the time to make sure I'm okay. They never make me feel I'm a nuisance if I ask them to help me hang the washing out or something else I find it hard to do by myself."

People commented on the diversity of the care staff. One person said about being helped to cook a different food item from care staff. They said "[Care staff name] taught me how to cook a sweet potato and in return I showed them how to prepare a poached egg". The provider told us ahead of the inspection that they had matched a person with multi-lingual skills to a multi lingual care staff to enable the person to have conversations in a different language and discuss many different cultures. Choice of which gender of care staff supported them was arranged. One person said, "I didn't like the thought of having young girls helping me with private things. The manager said, 'No problem' and they only ever sent male care staff after that."

People confirmed they were able to build a good rapport with the care staff. People told us told they had regular care staff they knew. A person said, "I like [name] the best because we've known each other the longest but they are all so good and kind. It's a hard job and it must get them down sometimes, but they never show it." Another relative said "[Name] needs are changing and he is starting to need personal care. It's difficult for him but they handle it so sensitively and help him get over his embarrassment." A member of staff told us. "The most important thing is to treat people how you want to be treated. I have got to know their likes and dislikes. I love my job."

People told us they were treated with dignity and had their privacy respected. They said the care staff were respectful and sensitive in their care. For example, one person was sensitive about the condition of their hair and explained how the care staff knew this and helped them feel better about it. People said care staff always checked they were comfortable and happy with what care staff were doing. One person said, "I used to be a nurse, so I know how things should be done. They are all fantastic. They keep checking to make sure I am comfortable and they chat away to me. They know I feel more relaxed when I am chatting". A relative told us, "I know they do a thorough job because I can tell by the way mum is when I visit. They natter away to her when they are doing the sensitive bits to take her mind off what they are doing. [Name] used to be very proud of her appearance – and house-proud - in the past, and they make sure that everything is spick and span for her."

People were encouraged to maintain independence as much as possible. For example, one person said "I

still like to do as much as I can, even though it takes a bit longer sometimes." Another person told us they were very independent and said, "I didn't like admitting I needed help with anything and I suppose I felt embarrassed. But [name] is so down-to-earth. She chats away and we have a giggle together. She helped me accept that it is OK to ask for help sometimes."

The service worked in partnership with other care professionals such as GP's, district nurses and Macmillan nurses to ensure people could die at home if they chose to. Care staff had received training on end of life care.

Good

Is the service responsive?

Our findings

People and relatives told us they were happy with the support provided. They also felt the service responded to their requests. For example, the timing of visits and the gender of care staff who provided personal care. A person told us "I won't have men" and they confirmed they had female care staff.

When people commenced their care with the service, time was spent with them and their family or chosen representatives to create a daily care plan that met their needs and to achieve their outcomes. People told us that they had a talk with one (or sometimes two) of the managers when they started to use the service. They felt that they were given the chance to ask questions and that things were explained to them clearly.

People felt that they were kept informed and consulted, and everyone confirmed that they or their relative had been involved in writing the care plan and had regular opportunities to review it. Everyone said that [name] from the office comes out to go through it with them. Everyone we spoke to knew where their care plan was kept. Care plans contained a one page profile detailing personal information such as what was important to the person and how they wanted to be supported. For example, one person's plan had that family, being involved in conversations and music was important to them. The profile went on to say that they wanted to be treated with respect and care staff to understand that the person knew what was being said to them. This gave guidance to care staff to ensure they supported the person how they wanted when delivering care tasks. Care plans had been signed and contained full information of the person's needs including important health issues, such as diabetes, pressure area care needs, continence and falls. All care plans were reviewed regularly and the management knew when these were due.

People felt they were treated as individuals. We spoke with someone whose relative had a progressive condition and were no longer able to communicate. They said, "I feel that they are not just here to look after [name]. They keep an eye on me as well. We both look forward to seeing them and we miss them when they're on their holidays."

People were encouraged to join clubs and activities within the community to minimise social isolation. For example, a person was regularly supported to go to a day centre as part of his care plan otherwise he would be unable to attend. Another person who had experienced a recent bereavement was introduced to a club. Relationships with family and friends were encouraged and supported. For example, two people who knew each other from a long time ago regularly met once a week at a local pub with one person supported by a relative and the other supported by care staff. We saw that the service had organised an event for Valentine's Day when they arranged a coffee morning for people and relatives to drop in. The service had got a red rose for each of the women and some chocolates for the men and delivered a poem. Those that did not attend the coffee morning had theirs delivered to them. The service said they recognised that for some people it was a difficult day and they had thought this would be a nice event to do.

People had been given information about the service. People were provided with a copy of the service user guide with contact details. A person said," I have the number for the office, it's in my book here, I can call them if I need to." People told us that they were encouraged to 'pick up the phone' if anything was worrying

them, and they felt happy to do this. When people did get in touch with the office, the telephone was answered quickly and issues were dealt with efficiently. A relative said that a relative had recently had a stay in hospital. They said, "I got in touch with the office when he came out, because I could tell I was going to need some extra help for a few days. It was all sorted out there and then and we got someone the next day. I couldn't ask for more."

Most people we spoke to were very happy with the care that they or their relative were receiving. They were very complimentary about care staff and expressed confidence in the way the service was managed. People knew how to complain if they needed to. One person said that they would make a complaint to the manager if they felt they had to but added "I've no complaints at all so haven't had to." Another person said "I never had the reason to complain, I'd go straight to [name], she's very nice and helpful, and you can speak to her. I have no complaints. I have information in my file how to contact the office if needed". We saw a complaints policy which stated that complaints would be acknowledged in three working days and an outcome would be reached within 29 days. Only one person had made a complaint and we saw that all measures had been taken to try to resolve the issues.

Good

Is the service well-led?

Our findings

At the time of the inspection, the registered manager was on extended leave. The service was being run by a manager during this period. People told us they were satisfied with the way the service was managed. Everyone knew the name of the manager and spoke highly of her. One person said, "Good, dedicated staff come from a good, dedicated manager. She sets the example."

Communication with the office was effective. People knew the manager and had a good relationship with her. All the people we spoke with referred to the manager by her first name and said they would speak to her or other office staff if there was a problem and said that they felt confident they would be listened to and the issue would be acted upon quickly. One person said they would "Pick up the phone or pop in to the office in Chippy." Several people referred to the folder that they had with all the details about what to do and who to contact.

All of the care staff spoken with said their managers were approachable and supportive and felt the service was well managed and organised. Comments included, "They are good, listen and are approachable. I always feel able to talk to them if necessary", "I'm proud to work for them" and "Feels like a family." Staff told us communication was good. One said, "On call are good and always respond."

We saw regular team meetings took place. We saw records of recent meetings and what had been discussed. For example, we saw that the recent coffee morning on Valentine's Day had been discussed in respect of the positive feedback received. The team had also discussed the importance of team work and helping each other.

The Head of Operations kept an operational overview to keep up with current practice. For example, the service was registered with the United Kingdom Home Care Association and attended attending conferences to keep up to date with current practice.

People were contacted regularly to seek their views on the service. Alongside this people were asked to complete an annual quality survey each year. This was sent out annually and responses were collated and sent to the management team for review and action. People we spoke with mentioned the questionnaires which they said they received.

The provider had analysed information about the quality and safety of the service. Audits were undertaken as part of the quality assurance process to monitor the quality of service people received. Any gaps or shortfalls identified during these audits were addressed by improvement plans. For example, a medicines audit had shown an allergy needed to be added to a person's records. We saw this had been done. A survey had been undertaken and a comment was made about the clarity of people's language and people's understanding. Action had been taken to talk to care staff to ensure they improved this. Another person said they did not have the out of hours number. We saw action had taken place to check this and amend. The manager and senior care staff undertook random checks on care staff, undertook regular supervisions and appraisals and ensured necessary training was delivered and kept up to date.

All policies and procedures were kept under review to ensure they remained up to date and appropriate. The service had a whistleblowing procedure. A whistle-blower is anyone who has and reports concerns of wrongdoing occurring in an organisation. This is usually reported to a manager or someone they trust or it can be to an outside agency such as the local authority safeguarding team or the Care Quality Commission. One care staff said, "I would speak to my manager."

The service worked well with other agencies and organisations. We asked for feedback and received one reply. They reported that 'I have noted that staff report any concerns regarding clients to their manager. I have been visiting clients when staff members have been present and they are polite and respectful of the clients, the recording in notes is factual and relevant. The staff when I have been present promote a client's independence and treat each as an individual. Generic training in care and care practices is evident and any client specific training is provided as needed (ie PEG feeding). I have had contact with the manager involving quite a few clients and a potential safeguarding client very recently. Manager has been very open and reported concerns with confidentiality foremost on a 'need to know basis' Communication is very good and if client is not open to an individual always contacts the relevant duty team with updates and requests for review of changing needs.'